FILED
May 26 1998 8:00am
Secretary of State

FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name
Infinite Images, Inc.
Document #P97000011724
7620 N. W. 21 Street, Sunrise, FL 33322

Principal Place of Business	Mailing Address
7620 N. W. 21 Street Sunrise, FL 33322	7620 N.W. 21 Street Sunrise, FL 33322

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

3. Date Incorporated or Qualified: 2/5/97

4. FEI Number: 65-0740516 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has/has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

91 Name: Susan M. Mull
92 Street Address: (P.O. Box Number is Not Acceptable): 1164 S.W. 118 Terrace
93
94 City: Davie FL 95 Zip Code: 33325

11. Pursuant to the provisions of Sections 607.0502 and 607.150(4), Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Susan M. Mull 5/4/98
Signature, typed or printed name of registered agent and title, if applicable (NOTE: The printed Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P ☐ DELETE
NAME / STREET ADDRESS / CITY-ST-ZIP	Susan M. Mull 1164 S.W. 118 Terr. Davie, FL 33325
TITLE	V ☐ DELETE
NAME / STREET ADDRESS / CITY-ST-ZIP	James Mull 7620 N.W. 21 Street Sunrise, FL 33322
TITLE	S ☐ DELETE
NAME / STREET ADDRESS / CITY-ST-ZIP	Jonathan Mull 1164 S.W. 118 Terrace Davie, FL 33325
TITLE	T ☐ DELETE
NAME / STREET ADDRESS / CITY-ST-ZIP	Susan Pomper Mull 7620 N.W. 21 Street Sunrise, FL 33322
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition 600002537026 -05/27/98--01088---003 ***150.00

CR2E034 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Susan M. Mull 5/4/98 PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Title