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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000028001 (0)

IMAGES SHOWMAKERS, INC.

Principal Place of Business

Mailing Address

SHOW ATLANTIC BLUD

FILED Mar 30 1998 8:00am Secretary of State



2/24/08 /904/388-33AA

JACKSONVILL		JACKSONVILLE FL 32207			DO NOT WOITE IN THE COLOR	
					DO NOT WRITE IN THIS SPACE	 1
					3. Date Incorporated or Qualified 03/27/1997	ļ
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied Fo	
	7 KINGS AVE.	26 1819 KING	s Ave		59-3424543 Not Applied 10	
Suite, Apt.		Suite, Apt. #, etc.			SR 75 Additions	
22		27			5. Certificate of Status Desired Fee Required	
City & Stat		City & State		,,	6. Election Campaign Financing \$5.00 May Be	•
	SONVILLE, FL	28 JACKSONVII	ue, r	<u>L</u>	Trust Fund Contribution Added to Fees	
Zip 24 322	Country 25 USA	Zip	Country	٨	8. This corporation owes or has paid the current year Intangible	
24 300	9 Name and Address of Current		90 US	H	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
DA	X CO.	Liedistolog Wallt	81	Name	10, Italia alla Addiess di Itali risgisterati Agent	
	NO LAURA ST STE 3400					
	RNETT CENTER		82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
	CKSONVILLE FL		83			
u/w	ONSONTICE PE					
			84	City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above-r	named corp		ered
office or r	egistered agent, or both, in the State in familiar with, and accept the obligation	of Florida, Such change was au	thorized by th	ne corporati	poration submits this statement for the purpose of changing its register tion's board of directors. I hereby accept the appointment as registers	ed
•	in talling will, and accept the opinga	nona di, aconon doi 19303, i lon	ida Olaidios.		3/24/90	
SIGNATURE	Signature typed of presed name of registered ager	it and title it applicable (NOTE:	Registered Agent :	signature require	red when reinstating) DATE	—
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELĒTE	1.1 TITLE	PP	• Change Add	dition
NAME	GOODWIN, RANDALL R		1.2 NAME	G	DODWIN, RANDALL R 4-11 RIVER TRAIL Rd.	
STREET ADDRESS	3104 ATLANTIC BLVD.		1.3 STREET AD			
CITY-ST-ZIP	JACKSONVILLE FL 32207		1.4 CITY - ST-7	21P 5%	ACKSONVILLE FL 32277	
TITLE		☐ DELETE	2.1 TITLE	I D	Li Change	dition
NAME			2.2 NAME	EA	ATON, DEREK M	- 1
STREET ADDRESS			2.3 STREET AD	- 1	171 RIVER TRAIL Rd.]
CITY-ST-ZIP		Driege	2. 4 CITY-ST-	ZIP JA	ACKSONVILLE, FL B2277	
TITLE		DELETE	3.1 TITLE	D	☐ Change ☐ Attd	JITION
NAME			3.2 NAME	30	HNARR, KEVIN W.	
STREET ADDRESS			3.3 STREET AD		66 AQUARIUS CIRCLE W.	
CITY-ST-ZIP		DELETE	3.4. CITY - ST - 4.1 TITLE	ZIP J.J.	TACKSONVILLE, FL 32216 Change Add	dition
TITLE NAME		L_1 DELETE	4.1 OILE 4.2 NAME	1		ווטוווג
i				DOTOO	•	1
STREET ADORESS			4.3 STREET AD			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-Z	ur	Change Add	dition
NAME			5.2 NAME		المراتب المرات	
STREET ADDRESS			5.3 STREET AD	ORESS		ĺ
City-St-Zip			5.4 CITY-ST-2			
TITLE		DELETE	6.1 TITLE	" -	☐ Change ☐ Add	dition
NAME		- - · · ·	6.2 NAME			
STREET ADDRESS			6.3 STREET AD	DRESS		
CITY-ST-ZIP			6.4 CITY-ST-2	í		ĺ
44 I horoby c	certify that the information supplied wit	h this filing does not qualify for	the exemption	n stated in t	Section 119.07(3)(i), Florida Statutes. I further certify that the informat	tion
indicated officer or (Block 12 (on this annual report or supplemental director of the corporation of the receion Block 13 if changed, or on an attack	approal pipor is true and accur ive or justifu empowered to ex iment with an address.	rate and that tection	my signatur port as requ	section 119-05(t), Florida Statutes, Tourier being that the mindman re shall have the same legal effect as if made under oath; that I am a uired by Chapter 607, Florida Statutes; and that my name appears in	'n