


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

FILED
Mar 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P97000041797 (6)
1. Corporation Name
IMAGEPRO, INC.

Principal Place of Business
4807 BAYSHORE BLVD
TAMPA FL 33611

Mailing Address
4807 BAYSHORE BLVD
TAMPA FL 33611



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1795 Desoto Rd Suite, Apt. #, etc.		2a. Mailing Address 26 1521 Count Nicholas Ct Suite, Apt. #, etc.		3. Date Incorporated or Qualified 05/12/1997	
22 City & State 23 Sarasota FL Zip 34234 Country		27 City & State 28 Sarasota, FL Zip 34232 Country		4. FEI Number 5-9-3450105 Applied For Not Applicable	
24 1795 Desoto Rd 25 Sarasota 26 1521 Count Nicholas Ct 27 Sarasota		28 34232 29 Sarasota 30 Sarasota		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent WOLF, GEORGE 4807 BAYSHORE BLVD TAMPA FL 33611		10. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
83		84 City		85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	WOLF, ROGER A II	1.2 NAME	WOLF, Roger A II
STREET ADDRESS	10886 NW 9TH CT	1.3 STREET ADDRESS	1521 Count Nicholas Ct
CITY-ST-ZIP	PLANTATION FL 33324	1.4 CITY-ST-ZIP	Sarasota, FL 34232
TITLE	STD	2.1 TITLE	STD
NAME	SCHNERING, KIMBERLY B	2.2 NAME	WOLF, Kimberly B.
STREET ADDRESS	10886 NW 9TH CT	2.3 STREET ADDRESS	1521 Count Nicholas Ct
CITY-ST-ZIP	PLANTATION FL 33324	2.4 CITY-ST-ZIP	Sarasota, FL 34232
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 _____ DATE 1-31-98 941-379-2770

CR2E034 (10/97)