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FILED

May 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000043751 (1)

1. Corporation Name
IMAGE TREE, INC.

Principal Place of Business

1489 W PALMETTO PARK RD
SUITE 485
BOCA RATON FL 33486

Mailing Address

1489 W PALMETTO PARK RD
SUITE 485
BOCA RATON FL 33486



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/16/1997

4. FEI Number

65-0754490

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

N/A

2. Principal Place of Business

21 200 Circle Drive

22 Pompano Beach

23 Florida

24 33062

25 U.S.A.

2a. Mailing Address

26 200 Circle Drive

27 Pompano Beach

28 Florida

29 33062

30 U.S.A.

9. Name and Address of Current Registered Agent

CANTOR, SAMUEL J
1489 W PALMETTO PARK RD
SUITE 485
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name

Christine Haire

82 Street Address (P.O. Box Number is Not Acceptable)

200 Circle Drive

83

84 City

Pompano Beach

FL

85 Zip Code

33062

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

Christine Haire, (v)

4/29/98

Signature of individual or principal name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

MONSON, PATRICK

STREET ADDRESS

3342 NW 70TH AVE

CITY-ST-ZIP

MARGATE FL 33063

TITLE

D

NAME

HAIRE, CHRISTOPHER

STREET ADDRESS

200 CIRCLE DR

CITY-ST-ZIP

POMPANO BEACH FL 33062

TITLE

D

NAME

HAIRE, CHRISTINE

STREET ADDRESS

200 CIRCLE DR

CITY-ST-ZIP

POMPANO BEACH FL 33062

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

Christine Haire

4-29-98 (05U) 781-708-3

CR2E034 (10/97)