


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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90140 030 ***150.00

0504024

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # **P97000055532**

1. Corporation Name
IDEAS TO IMAGES, INC.



Principal Place of Business 2194 MAIN STREET SUITE M DUNEDIN FL 34698	Mailing Address 2194 MAIN STREET SUITE M DUNEDIN FL 34698
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2194 Main St Suite, Apt. #, etc. 22 Ste E City & State 23 Dunedin FL Zip 24 34698 Country 25 USA	2a. Mailing Address 26 2194 Main St Suite, Apt. #, etc. 27 Ste E City & State 28 Dunedin FL Zip 29 34698 Country 30 USA	3. Date Incorporated or Qualified 06/23/1997	4. FEI Number 59-3387293 / eff. 6/14/98 59-3513276	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
		5. Certificate of Status Desired <input type="checkbox"/>	<input type="checkbox"/> \$5.00 May Be Added to Fees	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**LEYRA, MARY E
2194 MAIN STREET
SUITE M E
DUNEDIN FL 34698**

10. Name and Address of New Registered Agent

81 Name same	82 Street Address (P.O. Box Number is Not Acceptable) same
83 Ste. E.	84 City same
85 Zip Code FL	

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

Mary E. Leyra
Signature, typed or printed name of registered agent and director if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/18/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECHTLE, JANET A	1.2 NAME	
STREET ADDRESS	1954 VALLEY DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL 34698	1.4 CITY-ST-ZIP	
TITLE	PP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROVINO, JANIS P	2.2 NAME	
STREET ADDRESS	1270 OVERCASH DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL 34698	2.4 CITY-ST-ZIP	
TITLE	PST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEYRA, MARY E	3.2 NAME	
STREET ADDRESS	1270 OVERCASH DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL 34698	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE:

Mary E. Leyra
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/99
Date

727-736-8824
Daytime Phone #

CR2E034 (11/98)