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 # P97000089489 (3)

FILED Mar 19 1998 8:00am Secretary of State

IMAGIN	IATION TECHNOLOGIES, IN	C.		
Principal Place of Business		Mailing Address		I NOBRIOGO NIO (BIRI IDDI) DBIRI DBIRI DBIRI BURIN BURIN 1818 ROLEN BURIN 1818 IDIN 1881
9416 TRADEWINDS AVE		9416 TRADEWINDS AVE		
SEMINOLE FL 33776		SEMINOLE FL 33776		DO NOT WOLLE IN THE ODIO
				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified 10/17/1997
2. Principal P	lace of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number
21		26		59-34728/5 Not Applicable
Suite, Apt. #, etc.		Surte, Apt. #, etc.		\$8.75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23		28	0	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes X No
24	25 25 Name and Address of Current		80	Personal Property Tax due June 30.
CORPORATE CREATIONS ENTERPRISES, INC. 81 Name				. ma / 1 Uc/ n.
4504 504 5014 5044				EVIN MINUMENTAN
4521 PGA BOULEVARD #211 PALM BEACH-GARDENS FL 33418			82 Street Addr	ress (PO Box Number is Not Acceptable)
FA	LINI DENOIS CHANDELLAS I E 35410		83	TORDE OF DESTRUCTION
			1 3EN	nt not f
			84 City Se	MINOLE FL 85 Zip Code 33776
44 Durguent to the provisions of Sections 607 0502 and 607 1508 Elocida Statutes the above grand compostion submits this statement for the purpose of changing its registerer				
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 KEVEN M. Wheens Kern M. Whil- 3/12/98				
SIGNATURE ,	Signature, typed or printed name of registered agen	it and fille if applicable (NOTE)	Registered Agent signature requir	red when reinstating) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D the second	DELETE	1.1 TITLE	Change Addition
NAME	WHELAN, KEVIN		1.2 NAME	
STREET ADDRESS	9416 TRADEWINDS AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL 33776	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	Change Addition
TITLE		Dittic	2.1 INCE 2.2 NAME	C Change C Routeon
NAME STREET ADDRESS			2.3 STREET ADDRESS	<u>.</u>
CITY-ST-ZIP TITLE		☐ DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	İ
TITLE		DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , , ,
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELET e	6 1 TITLE	000002462950 ^{hange} pe -03/20/9801017006 pe ***150.00 3./9
NAME			6.2 NAME	-03/20/9801017006 Pe ***150.00 3./9
STREET ADDRESS			6.3 STREET ADDRESS	***150.00 <i>.?./9</i>
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. Thereby 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 changes, or on an attachment with an address

CIONATURE: / S

2/12/98