

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

FILED

Jun 17 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 # **P97000089889 (4)**

1. Corporation Name
IMAGINATIVE CONCEPTS, INC.



Principal Place of Business P.O. BOX 1073 PALM HARBOR FL 34682-1073	Mailing Address P.O. BOX 1073 PALM HARBOR FL 34682-1073
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 687 Alderman Rd. Suite, Apt. #, etc. 22 156 City & State 23 Palm Harbor Zip 24 FL Country 25 34683		2a. Mailing Address 26 687 Alderman Rd. Suite, Apt. #, etc. 27 156 City & State 28 Palm Harbor Zip 29 FL Country 30 34683		3. Date Incorporated or Qualified 10/17/1997	
4. FEI Number 59-3473367		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent SMITH, C. HOLT III 1 INDEPENDENT DR., STE. 3301 JACKSONVILLE FL 32202		10. Name and Address of New Registered Agent 81 Name (Same) 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 duties of, Section 607.0505, Florida Statutes.

SIGNATURE:  DATE: **4/28/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BUCHANAN, SHERI		1.2 NAME Sheri Buchanan	
STREET ADDRESS P.O. BOX 1073		1.3 STREET ADDRESS 2395 A Powers St.	
CITY-ST-ZIP PALM HARBOR FL 34682-1073		1.4 CITY-ST-ZIP Palm Harbor FL 34683	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:  DATE: **4/28/98** (813) 784-8403

CR2E034 (10/97)