PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000101563**

1. Corporation Name

IMAGE-IN TECHNOLOGY, INC.

Principal Place	e of Business	Mailing Address			-			11 98181	23 24 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
3575 GANDY BLVD 3575 GANDY BLVD										
PINELLAS PARK FL 33781-2755 PINELLAS PARK FL 33781-2755							DO MOT MOTE IN T	uo on		
					_	a D	DO NOT WRITE IN TH Pate Incorporated or Qualified	12 2 5 P	(CE	
						_	1/26/1997			
2 Principal Pl	ace of Business	2a. Mailing Address					CI Number - 45-		Па	pplied For
2. Fillicipal Fi	ace of dusiness	26				Α	APPLIED FOR 5934903	18		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			-			\$	8.75	Additional
.22		27				5. C	Certificate of Status Desired		Fee R	equired
City & State	е	City & State		-		6. E	lection Campaign Financing	!		May Be
23		28				Т	rust Fund Contribution		Added	to Fees
Zip	Country	Zip	Country				his corporation owes the current year		ble Yes	□No
24	25	29 3	0				ersonal Property Tax. Name and Address of New Registers			No
	9. Name and Address of Currer	t Registered Agent	81	Nam		1U. N	lame and Address of New Registers	u Age		
REDI	den, stephen d		82							
3575 GANDY BLVD				Stree	et Address	s (P C). Box Number is Not Acceptable)			
PINELLAS PARK FL 33781-2755										
•			83							
			84	City			F	8	5 Zip	Code
11 - Pursuant	to the provisions of Sections 607 050	2 and 607 1508, Florida Statutes	, the above	e-name	ed corpora	ation s			nging it:	s registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auti	horized by	the cor	poration's	s boar	submits this statement for the purpose rd of directors. I hereby accept the ap	ointme	ent as re	egistered
_	III lamillat with, and accept the obliga	IIONS OF Deciral out 2000s From	ia Giatotes	•						
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (NOTE R	egistered Ager	nt signatur	e required wh					
12.	OFFICERS AN	ID DIRECTORS	13.		1	AE	DITIONS/CHANGES TO OFFICERS			
TITLE	D	☐ DELETE	11TITLE					Ļ] Change	☐ Addition
NAME	redden, stephen d		1.2 NAME							
STREET ADDRESS	3575 GANDY BLVD		1.3 STREE		ss					
CITY-ST-ZIP				T-ZíP	_				Change	☐ Addition
TITLE	D DODIN I	□ D£TEIF	21 TITLE 22 NAME						onongo	
NAME	1125521, 11551112									
STREET ADDRESS	S S S S S S S S S S S S S S S S S S S			T ADDRES	.5					
CITY-ST-ZIP				51-ZIP					Change	Addition
TITLE								·	,	
NAME	MOSER, LOUIS A 6680 31 TERRACE NO		32 NAME 33 STREE	T ANNOES						l
STREET ADDRESS	1 00 0000000000000000000000000000000000			T-ZIP	33					
CITY-ST-ZIP TITLE	31 FETERODORIO 1 E 337 10			51-ZIF	1				Change	Addition
NAME !		<u></u>	4 2 NAME					_	-	i
STREET ADDRESS			43 STREE	T ADDRES	ss]					
			44 CITY-S		-					
CITY-ST-ZIP TITLE		DELETE	51 TITLE	* - TIE	1] Change	Addition
NAME			52 NAME							
STREET ADDRESS			53 STREE	T ADDRES	as					
CITY-ST-ZIP			54 CITY-9	T-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 changed, or on an attachment with an address, with all other like empowered.

6 1 TITLE

62 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

DELETE

Change

☐ Addition

FILED

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90002 046 ***300.00