


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

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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000043141					
1. Corporation Name IMAGEC CORPORATION					
Principal Place of Business 215 N EOLA DR ORLANDO FL 32802			Mailing Address P O BOX 2809 ORLANDO FL 32802		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		
9. Name and Address of Current Registered Agent ELSBERRY, MICHAEL V 215 NO EOLA DR ORLANDO FL 32801			10. Name and Address of New Registered Agent 81 Name 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 obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE			
NAME	ELSBERRY, MICHAEL V	1.2 NAME			
STREET ADDRESS	1521 HARRIS CIR	1.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK FL 32789-4035	1.4 CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE			
NAME	BLACKMUN, SALLY A	2.2 NAME			
STREET ADDRESS	1521 HARRIS CIR	2.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK FL 32789-4035	2.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE			
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			
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			
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			
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY-ST-ZIP			
		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
		1.1 TITLE PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
		1.2 NAME			
		1.3 STREET ADDRESS			
		1.4 CITY-ST-ZIP			
		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
		2.2 NAME			
		2.3 STREET ADDRESS			
		2.4 CITY-ST-ZIP			
		3.1 TITLE VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
		3.2 NAME ROBERT H. DIDAY			
		3.3 STREET ADDRESS 4024 GOLFSIDE DR.			
		3.4 CITY-ST-ZIP ORLANDO, FL 32808			
		4.1 TITLE SECRETARY/TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
		4.2 NAME ANNE B. DIDAY			
		4.3 STREET ADDRESS 4024 GOLFSIDE DR.			
		4.4 CITY-ST-ZIP ORLANDO, FL 32808			
		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
		5.2 NAME			
		5.3 STREET ADDRESS			
		5.4 CITY-ST-ZIP			
		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: *[Signature]* **MICHAEL V. ELBERRY** 4/30/99 (407) 843-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #