FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
SANDRA B. MORAN
Secretary of State
Division of Corporations

APPROVED
FILED

DOCUMENT # S05412 (9)

1. Corporate Name
IMAGERY CREATIVE DESIGN GROUP, INC.

Principal Place of Business
7830 ELLIS RD
MELBOURNE FL 32904

Mailing Address
7830 ELLIS RD
MELBOURNE FL 32904

DO NOT WRITE IN THIS SPACE

3. Date Incorporated (Domiciled) 10/11/1990
3a. Date of Last Report 05/01/1994

2. Principal Place of Business
21
Suite Apt. # or
22
City & State
23
Zip
24 25

2a. Mailing Address
26
Suite Apt. # or
27
City & State
28
Zip
29 30

4. FEI Number 59-3036345
Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. The corporation has total assets under $ 100,000 Florida Statute ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
RICE, MARK S.
3950 DOW ROAD
SUITE B
MELBOURNE FL 32935

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 Section 607.0505 Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida and the corporation has authorized the officers and directors to effectuate the statement. I hereby accept the appointment as registered agent. I am familiar with and accept the duties and responsibilities of registered agent under Florida Statutes.

SIGNATURE

12. CURRENT OFFICERS AND DIRECTORS

TITLE	D
NAME	RICE, MARK S.
STREET ADDRESS	7830 ELLIS RD
CITY, ST, ZIP	MELBOURNE FL
TITLE	D
NAME	RICE, STEPHANIE A.
STREET ADDRESS	7830 ELLIS RD
CITY, ST, ZIP	MELBOURNE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing, and to the best of my knowledge, believe and belief, is true and correct. I further certify that the information shown on the annual report or supplemental annual report is true and accurate and that the signature shall have the same legal effect as if made under oath; that I am a director or officer of the corporation or a person authorized to execute the report as required by Chapter 607, Florida Statutes; and that the name appears in Block 12 or Block 13 in the proper capacity or is accompanied with an address.

SIGNATURE: 4/27/95 407-722-2900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Phone

0067487 CP