

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S46574** (7)

1. Corporation Name  
**3-D IMAGES, INC.**



Principal Place of Business

**1280 NORTH CONGRESS AVE.  
STE 214  
WEST PALM BEACH FL 33409  
US**

Mailing Address

**0/0 CALLAS-MENDOZA-  
P.O. BOX 2715-  
PAL BEACH FL 33480  
US**

3. Date Incorporated or Qualified

**04/11/1991**

3a. Date of Last Report

**03/13/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

**0/0 Mendoza, Callas & Schilling**

22 City & State

27 **P. O. Box 2715**

23 Zip

Country

28 **Palm Beach, FL**

Zip

**33480**

Country

**USA**

4. FEI Number

**65-0257703**

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. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**MENDOZA, CALLAS & SCHIL  
251 ROYAL PALM WAY  
SUITE 602, SIXTH FLOOR  
PALM BEACH FL 33480**

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

Signature type: I am president or owner of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

12.1 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DP  
BENTZ, ROBERT  
1280 N. CONGRESS AVE.  
WEST PALM BEACH FL**

☐ DELETE

12.2 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VSTD  
BENTZ, KAREN  
1280 N. CONGRESS AVE.  
WEST PALM BEACH FL**

☐ DELETE

12.3 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

12.4 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

12.5 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

12.6 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

12.7 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

12.8 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

12.9 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information applied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, as required, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/18/95** (407) 478-8501

CR2E034 (12/95)