FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V03752** **(5)**

1. Corporation Name

IMAGE DEPOT CONCEPTS, INC.

Principal Place of Business

3216 FLORAMAR TERR
NEW PORT RICHEY FL 34652
US

Mailing Address

P O BOX 375
ELFERS FL 34680-0375
US

3. Date Incorporated or Qualified: **12/30/1991**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-3106996** [ ] 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

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

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

9. Name and Address of Current Registered Agent

THOMPSON, JANICE E
3216 FLORAMAR TERR
NEW PORT RICHEY FL 34652

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 607.0502 and 607.1502, 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

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST	[ ] DELETE	1 TITLE	[ ] Change [ ] Addition
NAME	THOMPSON, JANICE E.		1 NAME	
STREET ADDRESS	3216 FLORAMAR TERRACE		1 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL		1 CITY-ST-ZIP	
TITLE	DP	[ ] DELETE	2 TITLE	[ ] Change [ ] Addition
NAME	THOMPSON, PEYTON D.		2 NAME	
STREET ADDRESS	3216 FLORAMAR TERRACE		2 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL		2 CITY-ST-ZIP	
TITLE		[ ] DELETE	3 TITLE	[ ] Change [ ] Addition
NAME			3 NAME	
STREET ADDRESS			3 STREET ADDRESS	
CITY-ST-ZIP			3 CITY-ST-ZIP	
TITLE		[ ] DELETE	4 TITLE	[ ] Change [ ] Addition
NAME			4 NAME	
STREET ADDRESS			4 STREET ADDRESS	
CITY-ST-ZIP			4 CITY-ST-ZIP	
TITLE		[ ] DELETE	5 TITLE	[ ] Change [ ] Addition
NAME			5 NAME	
STREET ADDRESS			5 STREET ADDRESS	
CITY-ST-ZIP			5 CITY-ST-ZIP	
TITLE		[ ] DELETE	6 TITLE	[ ] Change [ ] Addition
NAME			6 NAME	
STREET ADDRESS			6 STREET ADDRESS	
CITY-ST-ZIP			6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is true, accurate, and that this report does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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: Peyton D. Thompson 4/25/96 (813) 841-0423

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE

CR2E034 (12/95)