

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 # **V49518** (6)

1. Corporation Name
IMAGE GRAPHIC SYSTEMS, INC.



Principal Place of Business: **5802 BRECKENRIDGE DR. SUITE 104 TAMPA FL 33610 US**
Mailing Address: **5802 BRECKENRIDGE DR. SUITE 104 TAMPA FL 33610 US**

3. Date Incorporated or Qualified: **07/10/1992**
3a. Date of Last Report: **04/25/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FBI Number	Applied For
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		59 49 313 1957	Not Applicable
23	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	28	City & State		<input type="checkbox"/> \$5.00 May Be Added to Fees	
	Country	29	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
		30	Country			
				8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HIGGINS, JOHN P 100 SECOND AVE S SUITE 1202 ST PETERSBURG FL 33701				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ DATE: _____
Signature typed or printed name of registered agent and date of signature. (NOTE: Registered Agent signature required when not starting.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, RICHARD G	12 NAME	
STREET ADDRESS	5803 A BRECKINRIDGE PKWY	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JANE E.	2 2 NAME	
STREET ADDRESS	3301 BAYSHORE BLVD., UNIT 301	2 3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2 4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied 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, changed, or on an attachment with an address.

SIGNATURE: *Richard G. Smith* **2-6-97** **88-620-9808**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (12/95)