

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

FILED
Feb 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5909-G HAMPTON OAKS PARKWAY Suite, Apt. #, etc. 22 City & State 23 TAMPA, FL Zip 24 33610 Country 25 USA		2a. Mailing Address HAMPTON OAKS PARKWAY Suite, Apt. #, etc. 27 City & State 28 TAMPA, FL Zip 29 33610 Country 30 U.S.A.		3. Date Incorporated or Qualified 07/10/1992	
		4. FEI Number 59-3131957		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**HIGGINS, JOHN P
100 SECOND AVE S
SUITE 1202
ST PETERSBURG FL 33701**

10. Name and Address of New Registered Agent

81 Name	GARDNER, MERRITT A.
82 Street Address (P.O. Box Number is Not Acceptable)	401 EAST JACKSON STREET
83	2650 SUNTRUST FINANCIAL CENTRE
84 City	TAMPA
85 Zip Code	FL 33602

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

Richard G. Smith

1-5-98

Signature typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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			1.2 NAME			
STREET ADDRESS	5803 A BRECKINRIDGE PKWY			1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			1.4 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 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.

SIGNATURE: *Richard G. Smith* RICHARD G. SMITH 1-5-98 813-620-4880

CR2E034 (10/97)