

FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED  
Apr 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. McDaniel Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V64417 (1)  
1. Corporation Name  
IMG SERVICES, INC.

Principal Place of Business 3700 AIRPORT RD 205 BOCA RATON FL 33431 US	Mailing Address 3700 AIRPORT RD 205 BOCA RATON FL 33431 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/14/1992	4. FEI Number 65-0357653	Applied For <input type="checkbox"/> 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		

2. Principal Place of Business 21 20423 STATE ROAD 7 Suite, Apt. #, etc. 22 SUITE 157 City & State 23 BOCA RATON, FLORIDA Zip 24 33498	2a. Mailing Address 25 20423 STATE ROAD 7 Suite, Apt. #, etc. 27 SUITE 157 City & State 28 BOCA RATON, FLORIDA Zip 29 33498	Country 30 U.S.A.
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9. Name and Address of Current Registered Agent

FASCE, MARIO J  
3700 AIRPORT RD  
SUITE 205  
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name FASCE, MARIO J	85 Zip Code 33498
82 Street Address (P.O. Box Number is Not Acceptable) 20423 STATE ROAD 7	
83 SUITE 157	
84 City BOCA RATON	FL

11. Pursuant to the provisions of Sections 607.0002 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

 MARIO FASCE J.

(NOTE: Registered Agent signature required when reinstating)

04/20/98

DATE

12. OFFICERS AND DIRECTORS

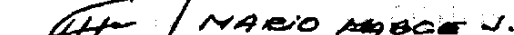
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PM FASCE, MARIO J 10552 SANTA LAGUNA DR BOCA RATON FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS FASCE, NORA 10552 SANTA LAGUNA DR BOCA RATON FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

 MARIO FASCE J.

04/20/98 (861)394-4241

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

CR2E034 (10/97)