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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90035 003 ***150.00

D	OC	CUM	ENT	# \	/64	41	7
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1. Comoration Name

IMG SERVICES, INC.

]								
Principal Place	e of Business	Mailing Address			1 18811 #11818 #1911 #1911 #1981 (1811)481 918	is diale minis diale didei diale	.441	
20423 SR 7		20423 SR 7						
SUITE 157		SUITE 157	ITE 157		DO NOT WRITE IN THIS SPACE			
BOCA RATON F	FL 33498	BOCA RATON FL 33498	TON FL 33498		Date Incorporated or Qualifed	DO NOT WRITE IN THIS SPACE		
us		US			·		ļ	
<u> </u>	N- of Distance	2a. Mailing Address			09/14/1992 4. FEI Number	Applied Fo	, <u> </u>	
<u> </u>	Place of Business	<u></u>			65-0357653	Not Applica		
21	#	Suite, Apt. #, etc.			05-035/055	\$8.75 Additiona		
Suite, Apt.	#, etc.	⊢ ,			5. Certificate of Status Desired	Fee Required		
City & Stat		City & State			6. Election Campaign Financing	\$5.00 May Be	$\overline{}$	
		28			Trust Fund Contribution	Added to Fees	` }	
Zip	Country	Zíp	Country	,	8. This corporation owes the current year	Intangible		
24	25	⊢ `	30		Personal Property Tax.	☐ Yes ☐ No		
24	9. Name and Address of Currer				10. Name and Address of New Register	ed Agent		
ļ			81	Name			ļ	
FASC	CE, MARIO J		82	Street #4	dress (P.O. Box Number is Not Acceptable)	 		
	23 SR 7		102	Sueer Au	dices (1.10. DOX Hambel is Not Acceptable)			
SUIT	TE 157		83	1				
BOC	CA RATON FL 33498		<u> </u>			85 Zip Code		
ĺ			84	City	· F	Zip Code	ļ	
l office or r	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was at ations of, Section 607.0505, Flor	utnonzed by rida Statute:	r the corpora s.	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	pointment as registered		
		ent and title if applicable (NOTE:	Registered Age	nt signature requ	ired when reinstating) DATE		- 1	
12.			Registered Age	nt signature requ	ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 1	12	
12.	OFFICERS AN	Int and title if applicable. (NOTE) ND DIRECTORS DELETE		nt signature requ		AND DIRECTORS IN 1		
TITLE	OFFICERS AN	ND DIRECTORS	13.	nt signature requ				
TITLE NAME	OFFICERS AN PM FASCE, MARIO J	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME	nt signature requ				
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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 of 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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

CR2E034 (11/98)

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