

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90058 010 ***150.00

DOCUMENT # P99000089587

1. Entity Name

CORPORATE IMAGEMAKERS, INC.

Principal Place of Business Mailing Address

190 WEST GLADES RD SUITE C BOCA RATON, FL 33432
 190 W GLADES RD SUITE C BOCA RATON, FL 33432

AU039341

2. Principal Place of Business 3. Mailing Address

3505 So. Ocean Blvd Suite, Apt. #, etc. SN
 7491 N. FEDERAL HWY Suite, Apt. #, etc. CS-307

City & State Highland Beach, FL BOCA RATON, FL

Zip 33487 Country USA Zip 33487 Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 91-2029229 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRANET, LLOYD ESQ.
 1900 NW CORPORATE BLVD.
 SUITE 100 WEST BUILDING
 BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANISCALCO, ROSEMARY	NAME	MANISCALCO, ROSEMARY
STREET ADDRESS	190 WEST GLADES ROAD SUITE C	STREET ADDRESS	7491 N. FEDERAL HIGHWAY CS, 307
CITY-ST-ZIP	BOCA RATON FL 33432	CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANISCALCO, ROSEMARY	NAME	
STREET ADDRESS	7491 N. FEDERAL HIGHWAY	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rosemary Maniscalco, Director Date: 4/7/2000 Daytime Phone #: 561-265-7259

CR2E034 (9/99)