

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

FILED
May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # S05402 (0)
 1. Corporation Name
IMPOSSIBLE IMAGES, INC.



Principal Place of Business
12153 SW 131 AVE
MIAMI FL 33186-6453
US

Mailing Address
12153 SW 131 AVE
MIAMI FL 33186-6472
US

3. Date Incorporated or Qualified **10/08/1990** 3a. Date of Last Report **04/23/1996**

4. FEI Number **65-0229580** Applied For Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
 21 **141 WARD COURT**
 Suite, Apt. #, etc.

2a. Mailing Address
 26 **11807 S.W. 48 COURT**
 Suite, Apt. #, etc.

22 City & State
 23 **LAKWOOD, CO**

27 City & State
 28 **COOPER CITY, FL**

24 Zip **80228** 25 Country **USA** 29 Zip **33330** 30 Country **USA**

9. Name and Address of Current Registered Agent
BOURQUE, JAMES C.
13068 SW 108TH ST.
MIAMI FL 33186

10. Name and Address of New Registered Agent
 81 Name **GARY D. HORSLEY**
 82 Street Address (P.O. Box Number is Not Acceptable)
11807 S.W. 48 COURT
 83
 84 City **COOPER CITY, FL** 85 Zip Code **33330**

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 *Gary D. Horsley* **GARY D. HORSLEY** DATE **4/23/97**

Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BOURQUE, JAMES CHRISTIAN	
STREET ADDRESS	13068 SW 108 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	141 WARD COURT
1.4 CITY-ST-ZIP	LAKWOOD, CO 80228
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: *[Signature]* **4/24/97** **303/914 0208**

CR2E034 (9/96)