

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **494617** (4)

1. Corporation Name
X-RAY EQUIPMENT COMPANY



Principal Place of Business: **7500 N.E. 4THCT MIAMI FL 33138**
 Mailing Address: **7500 N.E. 4THCT MIAMI FL 33138**

3. Date Incorporated or Qualified: **04/01/1976**
 3a. Date of Last Report: **05/01/1995**
 4. FEI Number: **59-1673901**
 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. 193.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
 2a. Mailing Address: **26**
 22. City & State: **27**
 23. Zip: **24** County: **25** Zip: **29** County: **30**

9. Name and Address of Current Registered Agent
**MARGOLIS, JOHN
 SUITE 40, 9040 SUNSET DRIVE
 MIAMI FL 33173**

10. Name and Address of New Registered Agent
**81 Name: JAMES J. HURGHALLA
 82 Street Address: (P.O. Box Number is Not Acceptable) 100 So. BISCAYNE BLVD
 83 SUITE 800
 84 City: Miami FL 85 Zip Code: 33131**

11. Pursuant to the provisions of Sections 607.0542 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 607.0542, Florida Statutes.

SIGNATURE: *James J. Hurghalla, Esq.*

3/20/96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CARTER, COLEN L	
STREET ADDRESS	7500 N.E. 4TH CT.	
CITY, ST, ZIP	MIAMI FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	KELVINGTON, CRAIG A	
STREET ADDRESS	7500 N.E. 4TH CT.	
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		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 TITLE	
16 NAME	
17 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18 CITY, ST, ZIP	
19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	
21 STREET ADDRESS	
22 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 TITLE	
24 NAME	
25 STREET ADDRESS	
26 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(b), Florida Statutes. I further certify that the information provided on this annual report or supplemental annual report is true and correct 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 or person in possession, in respect to the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of original or supplemental filing.

SIGNATURE: *Colen L. Carter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-96

305-751-1826

CR2E034 (12/95)