

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY 23 PM 1:22

DOCUMENT # **P94000011173 (9)**

1. Corporation Name

**BOTTOM LINE IMAGES, INC.**

Principal Place of Business

3161 SW 117TH AVE  
DAVIE FL 33330

Mailing Address

3161 SW 117TH AVE  
DAVIE FL 33330

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
02/04/1994

3a. Date of Last Report  
5-1-95

2. Principal Place of Business  
21 **SAME ABOVE**

2a. Mailing Address  
26 **SAME ABOVE**

4. FEI Number  
65-051-6447

Applied For  
Not Applicable

22 Suite, Apt #, etc.

27 Suite, Apt #, etc.

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

23 City & State

28 City & State

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

24 Zip

29 Zip

7. This corporation has liability for intangible tax under S. 199.033, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

CASTILLO, A. DEAN  
3161 SW 117TH AVE.  
DAVIE FL 33330

10. Name and Address of Now Registered Agent

81 Name **N/A**  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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

Signature (Type or printed name of registered agent and the agent(s))

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**  
NAME **KASKY, ROBERT A**  
STREET ADDRESS **311 STIRLING RD**  
CITY ST ZIP **FT LAUDERDALE FL 33312**

11 TITLE **CHAIRMAN/CEO**  Change  Addition  
12 NAME **A. DEAN CASTILLO**  
13 STREET ADDRESS **3161 S.W. 117TH AVE**  
14 CITY ST ZIP **DAVIE, FL 33330**

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

21 TITLE **PRESIDENT**  Change  Addition  
22 NAME **DWIGHT STEPHENSON**  
23 STREET ADDRESS **3161 S.W. 117TH AVE.**  
24 CITY ST ZIP **DAVIE, FL 33330**

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

31 TITLE **VICE CHAIRMAN**  Change  Addition  
32 NAME **DANIEL C. MARINO**  
33 STREET ADDRESS **3161 S.W. 117TH AVE**  
34 CITY ST ZIP **DAVIE, FL 33330**

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

41 TITLE **EXECUTIVE VICE PRESIDENT**  Change  Addition  
42 NAME **RALPH STRINGER**  
43 STREET ADDRESS **3161 S.W. 117TH AVE**  
44 CITY ST ZIP **DAVIE, FL 33330**

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY ST ZIP

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 of this report.

SIGNATURE:

*[Handwritten Signature]*

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-95

305-474-1327

(Type)

(Number) (Area #)