

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90004 010 ***550.00

0127175

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P95000075720** ✓
 Corporation Name
FULL SPECTRUM IMAGING, INC.



Principal Place of Business Mailing Address
869-A N. PINE ISLAND RD. **11869-A N. PINE ISLAND RD.**
PLANTATION FL 33322 **PLANTATION FL 33322**

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
869-A N. PINE ISLAND RD. PLANTATION FL 33322		11869-A N. PINE ISLAND RD. PLANTATION FL 33322		10/02/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				65-0654952	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25		29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STEIN, MITCHELL 11869-A N. PINE ISLAND RD. PLANTATION FL 33322				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City		85 Zip Code	
		FL					

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
DE	DPST STEIN, MITCHELL 11869-A N. PINE ISLAND RD. PLANTATION FL 33322	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DE		1.2 NAME	
DE		1.3 STREET ADDRESS	
DE		1.4 CITY-ST-ZIP	
DE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DE		2.2 NAME	
DE		2.3 STREET ADDRESS	
DE		2.4 CITY-ST-ZIP	
DE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DE		3.2 NAME	
DE		3.3 STREET ADDRESS	
DE		3.4 CITY-ST-ZIP	
DE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DE		4.2 NAME	
DE		4.3 STREET ADDRESS	
DE		4.4 CITY-ST-ZIP	
DE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DE		5.2 NAME	
DE		5.3 STREET ADDRESS	
DE		5.4 CITY-ST-ZIP	
DE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DE		6.2 NAME	
DE		6.3 STREET ADDRESS	
DE		6.4 CITY-ST-ZIP	

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 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 REQUIRED** 8/31/99 954 916-9000

CR2E034 (5/99)