

2000 UNIFORM BUSINESS REPORT (UBR)

6/

FILED
Jul 19, 2000 8:00 am
Secretary of State

06-07-2000 90429 035 ***150.00

DOCUMENT # P95000025720
1. Entity Name Full Spectrum Imaging, Inc. R

Principal Place of Business 11869A N. Pine Island Rd
 Plantation FL 33322
Mailing Address 1869A N. Pine Island Rd
 Plantation, FL 33322

2. Principal Place of Business 1869A N. Pine Island Rd
 Suite, Apt. #, etc.
3. Mailing Address ✓
 Suite, Apt. #, etc.
City & State Plantation FL
Zip 33322 **Country** USA

4. FEI Number 65-0654952
 Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Mitchell Stein
 1869A N. Pine Island Rd
 Plantation, FL 33322

7. Name and Address of New Registered Agent
 Name: Michael J. Kierzynski CPA
 Street Address: 543 Commercial Way
 City: Brooksville FL Zip Code: 34606

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: [Signature] DATE: 7/13/2000

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

TITLE	Mitchell Stein, President <input type="checkbox"/> Delete
NAME	
STREET ADDRESS	6321 NW 74th Ave
CITY-ST-ZIP	Tamarac, FL 33321
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: [Signature] **5/5/00 954-916-9000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)