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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 494617

X-RAY EQUIPMENT COMPANY

FILED Jan 25, 1999 8:00am **Secretary of State**

01-25-1999 90004 031 ***150.00



		ii H			
Principal Place	of Business	Mailing Address		Į	
7500 N.E. 4THCT MIAMI FL 33138		7500 N.E. 4THCT MIAMI FL 33138		DO NOT WRITE IN THIS SPACE	
		1		3. Date Incorporated or Qualifed	
		*		04/01/1976	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	• • • •	26		59-1673901	Not Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		. [27]			
City & State		E City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Zip	Country	Zip	Country	8. This corporation owes the current year Intar	
24	25	29 . 3	0	Personal Property Tax:	☐Yes ☐No
	9. Name and Address of Curre	ent Registered Agent	-	10. Name and Address of New Registered A	gent .
	3	1.	81 Name		-
	CHALLA, JAMES J. NE 3RD AVE, 10TH FLR	.	82 Street Addr	ress (P.O. Box Number is Not Acceptable)	aplema i mala kantur ye ile arigi
	E 800	3	83	· · · · · · · · · · · · · · · · · · ·	
MIAN	AI FL 33132	- 15 - 15	na Cit	A SECTION OF THE PROPERTY OF T	85 Zip Code
-		1/2	84 City	poration submits this statement for the purpose of con's board of directors. I hereby accept the appoint	[A.]
SIGNATURE	Signature, typed or printed name of registered at	gent and title if applicable. (NOTE: R	egistered Agent signature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	PD	, DELETE	1,1 TITLE		☐ Change ☐ Addition
NAME	CARTER, COLEN L		1.2 NAME		$r_1 = r_1 = 1$
STREET ADDRESS	7500 N.E. 4TH CT.	**	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	, ·	1.4 CITY-ST-ZIP		
TITLE	STD	↑ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KELVINGTON, CRAIG A		2.2 NAME		
STREET ADDRESS	7500 N.E. 4TH CT.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL Services 1	<u> </u>	2. 4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE ,	4.00	DELETE	3.1 TITLE		Polynide Dyggggg
NAME	(Aller Control	e de	3.2 NAME	•	
STREET ADDRESS	Marine Marine Commission (Commission Commission Commiss	1	3.3 STREET ADORESS	The state of the state of	[1] [1] [2] [2] [2] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4
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NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE !	4.4 City-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
TITLE		□ DETEIE ,	5.2 NAME		•
NAME		-	5.3 STREET ADDRESS	•	•
STREET ADDRESS	er.	· · · · · · · · · · · · · · · · · · ·	5.4 CITY-ST-ZIP		
CITY-ST-ZIP	CARTESTE GA CT E	DELETE	6.1 TITLE		☐ Change ☐ Addition
TITLE	75% Va. 47% 2		6.2 NAME		* · · · · · · · ·
NAME	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· #.	6.3 STREET ADDRESS		
STREET ADDRESS	y	* ()	CACITY OT 71D	•	

14. 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, with all other like empowered. CITY-ST-ZIP