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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F47237

FILED Feb 08, 1999 8:00am Secretary of State

02-08-1999 90022 016 ***150.00

1. Corporatio	n Name							
GR-JAR,	INC.							
					I S er ican fan Birak iarke hi rk e hini ean s iâns	ATASI ATATI ATATI	01011 BHB11 1931	
Service Control of the Control of th								
Principal Place of Business Mailing Address					- I AROSERIO TANA MATURA DIONA DIANA TANA MADILI	MINIE SINCE NINEE	DIÐU DEÐEL LAÐU	
2601 SOUTH B	AYSHORE DR	2601 SOUTH BAYSHORE D	R.					
SUITE 500 SUITE 500					50 NOT WEITE W 7111	0.004.05	J	
COCONUT GROVE FL 33133 COCONUT GROVE FL 33133					DO NOT WRITE IN THIS SPACE			
US		US			3. Date Incorporated or Qualifed 10/01/1981		· .	
2 Principal D	face of Rusiness	2a. Mailing Address			4. FEI Number	. I An	plied For	
2. Principal Place of Business 2a. Mailing Address 2b. 2a. Mailing Address 2b. 2b. 2c. 2c. 2c. 2c. 2c. 2c. 2c. 2c. 2c. 2c				59-2125178		ot Applicable	- 5 -2/5	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					Additional	
22		27	~		5. Certificate of Status Desired	_ Fee Re	equired	
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added t	to Fees	
Zip Country Zip		Country		8. This corporation owes the current year in				
24	25	11	30		Personal Property Tax.	Yes	MNO	
	9. Name and Address of Current	Registered Agent	8	Name	10. Name and Address of New Registered	Agent	·	
TAN	NER, W BARRY			I Valle				·
NAVIX RADIOLOGY SYSTEMS INC		82	Street Addre	eet Address (P.O. Box Number is Not Acceptable)				
	S BAYSHORE DR #500	•	83	3	1 1 2 2 3 1 1 1 1 1 2 2 3 3 3 3 3 3 3 3	2151 2 1 9 4 4 1	S. 52 Si	
	CONUT GROVE FL 33133				一一一一分的基礎的一個關鍵體	A SCHOOL	15.775	
•			84	City	F1	85 Zip (Code '	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the abov	 re-named corpo	oration submits this statement for the purpose o	f changing its	registered	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of im familiar with, and accept the obligation	Florida Such change was au	thorized by	the corporation	n's board of directors. I hereby accept the appo	ointment as re	gistered	
1117	in laminal that, and doopt the obligate	ons of, Section dor.0303, Flori	da Statute	5.		:		
SIGNATURE	Signature, typed or printed name of registered agent a	10°,		ont signature required	when reinstating) . DATE	· · · · · · · · · · · · · · · · · · ·	·	á
SIGNATURE	Signature, typed or printed name of registered agent a OFFICERS AND	and title if applicable. (NOTE:	Registered Age		when reinstating)	ND DIRECTO	DRS IN 12	1/08)
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent a OFFICERS AND	and title if applicable. (NOTE:	Registered Age 13. 1.1 TITLE		when reinstating) . DATE	· · · · · · · · · · · · · · · · · · ·	·	(41/98)
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent a OFFICERS AND PD GILMAN, MILES E	and title if applicable. (NOTE:	13. 1.1 TITLE 1.2 NAME	ent signature required	when reinstating)	ND DIRECTO	DRS IN 12	034 (11/98)
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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.

SIGNATURE: W. BANGETANIERE MERLING SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99 Date (305)250-6400