

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

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90128 029 ***150.00

DOCUMENT # F93000005098

1. Corporation Name

ELSCINT ACCEPTANCE CORPORATION

Principal Place of Business

505 MAIN ST.
HACKENSACK NJ 07601

Mailing Address

505 MAIN ST.
HACKENSACK NJ 07601



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/10/1993

4. FEI Number

36-2653461

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 22 Paris Ave

Suite, Apt. #, etc.

22 City & State

23 Rockleigh NJ

Zip Country

24 07647 25 USA

2a. Mailing Address

26 22 Paris Ave

Suite, Apt. #, etc.

27 City & State

28 Rockleigh NJ

Zip Country

29 07647 30 USA

9. Name and Address of Current Registered Agent

GREER, ALAN G
MIAMI CENTER 10TH FLOOR
201 BIXCAYNE BLVD.
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME ADERETH, JONATHAN
STREET ADDRESS ADVANCED TECHNOLOGY CENTER
CITY-ST-ZIP CARMEL ISRAEL

TITLE D ☒ DELETE
NAME TOKMAN, EZI
STREET ADDRESS 505 MAIN ST
CITY-ST-ZIP HACKENSACK NJ 07601

TITLE GM ☐ DELETE
NAME ANNANO, PETER
STREET ADDRESS 505 MAIN ST
CITY-ST-ZIP HACKENSACK NJ 07601

TITLE VST ☒ DELETE
NAME SERRETT-CURRAN, SANDRA
STREET ADDRESS 88 MAPLE PKWAY
CITY-ST-ZIP SPARTA NJ

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME EMMANUEL GILL
1.3 STREET ADDRESS Advanced Technology Center
1.4 CITY-ST-ZIP HAIFA ISRAEL

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME GAB. Yankovitch
2.3 STREET ADDRESS Advanced Technology Center
2.4 CITY-ST-ZIP HAIFA ISRAEL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 22 Paris Ave
3.4 CITY-ST-ZIP ROCKLEIGH NJ 07647

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME CFO
4.3 STREET ADDRESS Teresa Rivera
4.4 CITY-ST-ZIP 22 Paris Ave
Rockleigh NJ 07647

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)