

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthorn  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F95000000499 (2)**

1. Corporation Name  
**NU-KOTE IMAGING INTERNATIONAL, INC.**



Principal Place of Business: CORPORATION TRUST CENTER, 1209 ORANGE ST., WILMINGTON DE  
Mailing Address: CORPORATION TRUST CENTER, 1209 ORANGE ST., WILMINGTON DE

3. Date Incorporated or Qualified: **01/30/1995** 3a. Date of Last Report  
4. FEI Number: **75- APPLIED FOR 2578014** 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 has liability for intangible tax under s 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) 2a. Mailing Address (26-30)  
21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country  
26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country 30. Country

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CP: <input checked="" type="checkbox"/> DELETE
NAME	BRIGANTE, DAVID F
STREET ADDRESS	17950 PRESTON ROAD, STE. 690 LB21
CITY-ST-ZIP	DALLAS TX 75252
TITLE	CV: <input type="checkbox"/> DELETE
NAME	KUNOTH, PETER D
STREET ADDRESS	17950 PRESTON ROAD, STE. 690 LB21
CITY-ST-ZIP	DALLAS TX 75252
TITLE	DT: <input type="checkbox"/> DELETE
NAME	KERRANE, DANIEL M
STREET ADDRESS	17950 PRESTON ROAD, STE. 690 LB21
CITY-ST-ZIP	DALLAS TX 75252
TITLE	DS: <input type="checkbox"/> DELETE
NAME	SCHMECK, ANTHONY G
STREET ADDRESS	17950 PRESTON ROAD, STE. 690 LB21
CITY-ST-ZIP	DALLAS TX 75252
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Assistant Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Steven Di Pasquale
1.3 STREET ADDRESS	17950 Preston Road, Suite 690
1.4 CITY-ST-ZIP	Dallas, TX 75252
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 of changes, or on an attachment, with an address.

SIGNATURE: *Steven Di Pasquale - Treasurer* 4/25/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day and Month

CR2E034 (12/95)