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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # F9500005882 (4)

		 TEOURIOI GOV	
•	corporation insime.		

	DERMID IMAGING TECHN	OLOGY, INC.									
Principal Pla	ace of Business	Mailing Addr	ress					in din l			
245 FREIGH WATERBUR	HT ST. Y CT 06702		245 FREIGHT ST. Waterbury Ct 06702								
							3. Date Incorporated or Qu 12/04/1995	ualified	3a. Date	of Last	Report
r 1	Place of Business	2a. Mailing Ai	ddress				4. FEI Number		<u></u>		Applied For
[21] Suite, Ap	ot. #, etc.	26 Suite, Api	t # etc				06-1439759				Not Applicable
22		27	n. #, 616.				5. Certificate of Status Des	ired			5 Additional Required
City & St	at ϵ	City & Sta	ate	 -			6. Election Campaign Finar	ncing			00 May Be
[23] Zip	Country	28					Trust Fund Contribution			Add	ed to Fees
24	Country 25	Zip 29	_	Country	У		8. This corporation has liab			x under s	s 199.032,
	9. Name and Address of Cu	rrent Registered Age	nt J	, , , , , , , , , , , , , , , , , , ,			Florida Statutes 10. Name and Address of	Yes		Agent	
				81	Na	me			gistorou .	Agoint	
	PRPORATION SYSTEM			82	Stre	eet Addre	ss (P.O. Box Number is Not Ad	centable	al		
	OUTH PINE ISLAND ROAD			L				эсориаля			
PLANI/	ATION FL 33324			83	1						
				84	City	/				85 Z	ip Code
11. Pursuan	t to the provisions of Sections 607.0	0502 and 607.1508, Flo	orida Statutes, t	the above-	named	d cornora	tion submits this statement for	the nurr	FL	nging its	- Colotara d a M -
or regist familiar v	t to the provisions of Sections 607.0 ered agent, or both, in the State of I with, and accept the obligations of, S	Florida, Such change wi Section 607 0505, Florid	as authorized b	by the corp	oratio	n's board	of directors. I hereby accept to	ne appo	intment as	nging its registere	registered office d agent. I am
		00000, 100000, 11000									
			da Glatutes,								
SIGNATURE	Signature, typical or painted manic of registered	agent and from applicable	ac ctatates,				when reinstating)		DATE		
SIGNATURE	OFFICERS	agent and felout applicable. AND DIRECTORS	(NOTE A	Rogistered Age				O OFFIC		DIRECTO	ORS IN 12
SIGNATURE 12. III.F	OFFICERS P	agent and felout applicable. AND DIRECTORS	ac ctatates,	l 13,			when reinstating)	O OFFIC	ERS AND	DIRECTO	ORS IN 12
SIGNATURE 12. THE NAME	OFFICERS P JANSSEN, PATRICIA	agent and felout applicable. AND DIRECTORS	(NOTE A	13. 1 1 TITLE 1 2 NAME	nt sigrat	ure required v	when reinstating)	O OFFIC	ERS AND		
SIGNATURE 12. THE NAME SIRGELADDRESS	P JANSSEN, PATRICIA 245 FREIGHT ST.	agent and felout applicable. AND DIRECTORS	(NOTE A	13. 1 1 TITLE 1 2 NAME 1.3 STREET	nt signat	ure required v	when reinstating)	O OFFIC	ERS AND		
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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.

SIGNATURE:

SHARON STONE

3/7/96 203-575-5815