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Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90068 033 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F96000000051**

1. Corporation Name

SYSTEMS INTEGRATION AND IMAGING TECHNOLOGIES INC ORPORATED

Principal Place of Business	Mailing Address
7901 4TH STREET NORTH SUITE 210 ST PETERSBURG FL 33702 US	7901 4TH STREET NORTH SUITE 210 ST PETERSBURG FL 33702 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualifed: 12/26/1995

4. FEI Number: 59-3349268 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name: Thomas J. Balkan
82 Street Address (P.O. Box Number is Not Acceptable): 7901 4th Street North
83: Suite 200
84 City: St. Petersburg **FL** 85 Zip Code: 33702

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: Thomas J. Balkan, VP and Secretary — THOMAS J. BALKAN — 2/1/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WALL, KARL J		1.2 NAME		
STREET ADDRESS	700 1ST AVENUE SOUTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	TIERRA VERDE FL 33715		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	MCNALLY, JOSEPH W		2.2 NAME		
STREET ADDRESS	754 PINELLAS BAYWAY		2.3 STREET ADDRESS	830 Pinellas Bayway South	
CITY-ST-ZIP	TIERRA VERDE FL 33715		2.4 CITY-ST-ZIP	Tierra Verde, FL 33715	
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	READ, WAYNE A		3.2 NAME		
STREET ADDRESS	3732 BRAMBLEWOOD COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAND O LAKES FL 34639		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	REINKING, LINDA L		4.2 NAME		
STREET ADDRESS	2218 BIRCHBANK TRAIL		4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34623		4.4 CITY-ST-ZIP		
TITLE	VS	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	BALKAN, THOMAS J		5.2 NAME		
STREET ADDRESS	172 DEVON DRIVE		5.3 STREET ADDRESS	7233 Danbury Way	
CITY-ST-ZIP	CLEARWATER BEACH FL 34630		5.4 CITY-ST-ZIP	Clearwater, FL 33764	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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] — 2/1/99 — 727-577-3771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #