FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600000680 (6)

MULTI-SPECTRAL ANALYTICAL PROCESSING SYSTEMS, IN

Principal	Place	οſ	Business
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Mailing Address

2360 R E GRAND AVE

2360 B E GRAND AVE

FILED May 09 1997 8:00am Secretary of State



HOT SPRINGS AR 91701			Ю	HOT SPRINGS AR 71801-9717										
									3. Date Incorporated or Qualified 3a. Date 02/09/1996			of Last Report		
2. Principal Pl	lace of Busines	S	2a.	Mailing Addre	88				4. FEI Number			App	lied For	
21			26						71-0745515			-	Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27		etc.				5. Certificate of Status Desired		S8.75 Additional Fee Required						
City & State			28	City & State					Election Campaign Financing Trust Fund Contribution			\$5.00 May Be Added to Fees		
Zip 24	Country Zip Country 25 29 30					8. This corporation has liability for intangible tax ander s. 199.032, Florida Statutes Yes No								
	9, Name an	d Address of Curre	nt Regis	tered Agent					10. Name and Address of New Re	gistered a	Agent			
	URATE FILING					8	31	Name						
		AUGUSTINE RD				8	32	Street Ad	ddress (P.O. Box Number is Not Acceptat	ile)				
TALL	lahassee fl	. 32 311				ļ.	33							
						"	33							
						Ε	14	City		FI	85	Zip C	ode	
11. Pursuant office or r	to the provision	s of Sections 607.050 t, or both, in the State	02 and 6 e of Florid	07.1508, Florid da. Such chang	a Statute jo was a	es, the about outhorized	l ove by	named o	orporation submits this statement for the pration's board of directors. I hereby acce		chang ointmer	ing its nt as r	registered egistered	
SIGNATURE														
	Signature, typed or p	orinted name of registered an OFFICERS AN			(NO1)	: Registered /	Age	nt signature re	quired when relistating) ADDITIONS/CHANGES TO OFFIC	DATE SERS AND	DIREC	TÓRG	IN 12	
TITLE	DCP	OF ICE NO AIN	VD DINE C	DEL	ETE	1,1 701	E		ADDITIONS/OFFANGES TO OFFIC	ALINO AINE	Cha		Addition	
NAME	BARTLEY, B	RUCE				1,2 NAN					_	•		
STREET ADDRESS		ONDALE LN #6				1.8 STR	EET	ADDRESS						
CITY-ST-ZIP		K AR 72202				1.4 C(T)	/-S1	1 - ZiP						
TITLE				DEI	LETE	2.1 TITL	ŧ				Cha	inge	Addition	
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STREET ADDRESS						3.3 STR 3.4. CIT		ADDRESS						
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TeTLE				☐ DE	LETE	5.1 7(1)	E				Ch	ange	Addition	
NAME						5.2 NAM	AE							
STREET ADDRESS	1					5.3 STR	£ET	ADDRESS						
CITY-ST-ZIP						5.4 CIT	Y - \$	1-21P						
TITLE				☐ DE	LETE	6.1 TITL					L_ Ch	ange	Addition	
NAME						6.2 NAM								
STREET ADDRESS						• • • • • • • • • • • • • • • • • • • •		ADDRESS						
CITY-ST-ZIP	L					6.4 CM	Y - S	1-7IP					··	

14. I do 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.