

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

FILED

May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H55499 (8)

1. Corporation Name
SALISBURY IMAGING INC. A-8

Principal Place of Business
4063 SALISBURY ROAD
SUITE 100
JACKSONVILLE FL 32216

Mailing Address
777 S. FLAGLER DRIVE
SUITE 1201E
WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4063 SALISBURY ROAD Suite, Apt. #, etc. 22 SUITE 100 City & State 23 JACKSONVILLE FL Zip 24 32216 Country		2a. Mailing Address 25 250 S. AUSTRALIAN AVE Suite, Apt. #, etc. 26 9TH FLOOR City & State 27 WEST PALM BEACH, FL Zip 28 33401 Country		3. Date Incorporated or Qualified 05/02/1985	
		4. FEI Number 59-2558176		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fees Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301		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	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	CO-CHAIR/DIRECTOR
NAME	MENDELSON, LAURANS A	1.2 NAME	LE KICHEY
STREET ADDRESS	777 S. FLAGLER DRIVE	1.3 STREET ADDRESS	230 S. AUSTRALIAN AVE, 9TH FLOOR
CITY-ST-ZIP	WEST PALM BEACH FL 33401	1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	P	2.1 TITLE	PRES/CEO
NAME	PAUL, JOSEPH A	2.2 NAME	JOSEPH A. PAUL
STREET ADDRESS	777 S. FLAGLER DRIVE	2.3 STREET ADDRESS	250 S. AUSTRALIAN AVE, 9TH FLOOR
CITY-ST-ZIP	WEST PALM BEACH FL 33401	2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	VPAS	3.1 TITLE	CO-CHAIR/DIRECTOR
NAME	SHAW, PAUL ANDREW	3.2 NAME	KEITH HARTLEY
STREET ADDRESS	777 S. FLAGLER DRIVE	3.3 STREET ADDRESS	250 S. AUSTRALIAN AVE, 9TH FLOOR
CITY-ST-ZIP	WEST PALM BEACH FL 33401	3.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE		4.1 TITLE	VPRES/COO
NAME		4.2 NAME	WAYNE MOORE
STREET ADDRESS		4.3 STREET ADDRESS	250 S. AUSTRALIAN AVE, 9TH FLOOR
CITY-ST-ZIP		4.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE		5.1 TITLE	SEC
NAME		5.2 NAME	FRANCIS J. HARRIS, JR
STREET ADDRESS		5.3 STREET ADDRESS	250 S. AUSTRALIAN AVE, 9TH FLOOR
CITY-ST-ZIP		5.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

WAYNE MOORE

Date

Daytime Phone #

561-832-1766

CR2E034 (10/97)