PROFIT CORPORATION ANNUAL REPORT 1996			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS						
OCUMENT # J88408  SCAN CENTER, INC.			(6)						
% BERIT F	OLONIAL DR.		ailing Address  * BERIT PRIMDAL 4307 E. COLONIAL ORLANDO FL 3280	DR.			orated or Qualified	3a. Date of t	
Principal P	lace of Business	2a.	Mailing Address		<del></del>	08/19/ 4. FEI Number	1987		01/1995
Suite, Apt.	#, etc.	26	Suite, Apt. #, etc.			I	850333		Applied For Not Applica
City & State	e	27				5. Certificate of	f Status Desired	□ <b>\$</b>	8.75 Additiona Fee Required
		28	City & State		·	6. Election Car Trust Fund	mpaign Financing		\$5.00 May Be
Zip 	Country 25	29	Zip	Coun	itry		ation has liability for i	intangible tax un	Added to Fees ider's 199.032,
	9. Name and Address of Cui	rrent Registe	ered Agent		B1 Name		Address of New R		nt
Pursuant to or registere	o the provisions of Sections 607.00 agent, or both, in the State of Fl	502 and 607.	.1508, Florida Statu		City -named corpo	oration submits this st	atement for the purr	FL 85	Zip Code
NATURE _	o the provisions of Sections 607.0: ed agent, or both, in the State of Fi h, and accept the obligations of, S Signature, typed or printed name of registered a	igent and title if app	ploable. (N	ites, the above ized by the cores.	e-named corpo rporation's boa	pration submits this st and of directors. I here	atement for the purp by accept the appo	pose of changing bintment as regist	Zip Code g its registered off itered agent. I am
NATURE _	Stgruture: typed or printed name of registered at OFFICERS /		ploable. (N	ites, the above ized by the cores.	p-named corporation's box	ed when reinstating)	atement for the purp by accept the appo	pose of changing post o	g its registered off stered agent. I am
NATURE _	Signature, typed or printed name of registered an	igent and title if app	ploatie. (N ORS	offer Registered Ag  13. 1.1 Tiffle 1.2 NAME 1.3 STREE	e-named corporation's box	ed when reinstating)		pose of changing pointment as regis	g its registered off stered agent. I am
NATURE - S	Signature, typed or printed name of registered at OFFICERS A PD PRIMDAL, BERIT 4764 INDIAN GAP DR. ORLANDO FL	igent and title if app	ploatie. (N ORS	intes, the above ized by the core ized by the core is.  113.  1 1 THE 1.2 NAME 1.3 STREE 1.4 CITY-2.1 THE	e-named corpor rporation's box gent signature retain E E E E E ADDRESS -ST-ZIP	ed when reinstating)		pose of changing post o	g its registered off stered agent. I am ECTORS IN 12 ange Addition
ATURE - S	Signature, typed or preliad name of registered at OFFICERS A PD PRIMDAL, BERIT 4764 INDIAN GAP DR.	igent and title if app	picate N ORS DELETE	utes, the above ized by the cors.  13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE	e-named corpor point signature regun te E E Et ADDRESS ST-ZIP	ed when reinstating)		pose of changing pose of changing pointment as registed to the position of the	g its registered of stered agent. I am effect agent. I am effect agent. I am effect agent. I am effect agent agent. I addition
ADDRESS ADDRESS ADDRESS	OFFICERS A PD PRIMDAL, BERIT 4764 INDIAN GAP DR. ORLANDO FL D PRIMDAL, AKSEL 4764 INDIAN GAP DR. ORLANDO FL ST	igent and title if app	picate N ORS DELETE	utes, the above ized by the cors.  OTE: Registered Ag  13.  1.1 TITLE  1.3 STREE  1.4 CITY-  2.1 TITLE  2.2 NAME	e-named corporporation's box point signature rerain  E  E  E1 ADDRESS  ST-ZIP  T ADDRESS  ST-ZIP	ed when reinstating)		pose of changing pose of changing pointment as registed to the position of the	g its registered of stered agent. I am  ECTORS IN 12  ange
ADDRESS 1) ZIP  ADDRESS 1-ZIP  ADDRESS	PD PRIMDAL, BERIT 4764 INDIAN GAP DR. ORLANDO FL D PRIMDAL, AKSEL 4764 INDIAN GAP DR. ORLANDO FL D CONTRACTOR OF CONTRACTOR ORLANDO FL D CONTRACTOR OF CONTRACTOR ORLANDO FL ORLANDO FL	igent and title if app	oloatie IN ORS DELETE	utes, the above ized by the corses.  13. 1 1 Title 1 2 NAME 1 3 STREE 2 4 CITY- 3 1 TITLE 3 2 NAME 3 3 STREE 3 3 STREE	e-named corpor rporation's box port signature require E E E1 ADDRESS ST-ZIP	ed when reinstating)		pose of changing pose of changing pointment as registed.  DATE CERS AND DIRE Cha	g its registered off stered agent. I am  ECTORS IN 12 ange
ADDRESS 1) ZIP  ADDRESS 1-ZIP  ADDRESS	PD PRIMDAL, BERIT 4764 INDIAN GAP DR. ORLANDO FL D PRIMDAL, AKSEL 4764 INDIAN GAP DR. ORLANDO FL ST FISHERS, GHITA, MARIA 4764 INDIAN GAP DR	igent and title if app	oloatie IN ORS DELETE	utes, the above ized by the cors.  13. 1.1 Title 1.2 NAME 1.3 STREE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME	e-named corpor rporation's box pent signature require E E E1 ADDRESS ST-ZIP	ed when reinstating)		pose of changing pose of changing pointment as registed.  DATE CERS AND DIRE Cha	g its registered off stered agent. I am  ECTORS IN 12 ange
ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP	PD PRIMDAL, BERIT 4764 INDIAN GAP DR. ORLANDO FL D PRIMDAL, AKSEL 4764 INDIAN GAP DR. ORLANDO FL ST FISHERS, GHITA, MARIA 4764 INDIAN GAP DR	igent and title if app	ORS DELETE DELETE	utes, the above ized by the cores.  13.  1 1 Title 1.2 NAME 1.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY 4.1 TITLE 4.2 NAME	enamed corporation's box  peri signature require  E  EI ADDRESS -ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP	ed when reinstating)		pose of changing pose of changing pointment as registed.  DATE  CERS AND DIRE  Chan  Chan	g its registered of stered agent. I am  ECTORS IN 12  ange
ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS 2-ZIP	PD PRIMDAL, BERIT 4764 INDIAN GAP DR. ORLANDO FL D PRIMDAL, AKSEL 4764 INDIAN GAP DR. ORLANDO FL ST FISHERS, GHITA, MARIA 4764 INDIAN GAP DR	igent and title if app	Picatée N ORS DELETE DELETE	utes, the above ized by the cores.  13.  1 1 TITLE  1 2 NAME  2 3 STREE  3 CITY - 3  1 TITLE  4 NAME  4 STREE  4 CITY - 4  4 CITY - 4  4 CITY - 5  4 C	per signature require  E E E1 ADDRESS -ST-ZIP ET ADDRESS S1-ZIP ET ADDRESS S1-ZIP  ET ADDRESS S1-ZIP  ET ADDRESS S1-ZIP	ed when reinstating)		pose of changing pose of changing pointment as registed.  DATE  CERS AND DIRE  Chan  Chan	g its registered off stered agent. I am  ECTORS IN 12  ange
ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS 2-ZIP	PD PRIMDAL, BERIT 4764 INDIAN GAP DR. ORLANDO FL D PRIMDAL, AKSEL 4764 INDIAN GAP DR. ORLANDO FL ST FISHERS, GHITA, MARIA 4764 INDIAN GAP DR	igent and title if app	ORS DELETE DELETE	utes, the above ized by the corise.  13.  1 1 Title 1.2 NAME 1.3 STREE 14 CITY- 2.1 Title 32 NAME 33. STREE 34 CITY- 4. TITLE 42 NAME 43 STREE	per signature require  E E E1 ADDRESS -ST-ZIP ET ADDRESS S1-ZIP ET ADDRESS S1-ZIP  ET ADDRESS S1-ZIP  ET ADDRESS S1-ZIP	ed when reinstating)		pose of changing pose of changing pointment as registed.  DATE  CERS AND DIRE  Chan  Chan	g its registered of stered agent. I am  ECTORS IN 12 ange
ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS -ZIP  ADDRESS -ZIP  DDRESS	PD PRIMDAL, BERIT 4764 INDIAN GAP DR. ORLANDO FL D PRIMDAL, AKSEL 4764 INDIAN GAP DR. ORLANDO FL ST FISHERS, GHITA, MARIA 4764 INDIAN GAP DR	igent and title if app	Picatée N ORS DELETE DELETE	utes, the above ized by the cors.  13.  1 1 Title 1.2 NAME 1.3 STREET 24 CITY- 3 TITLE 42 NAME 4.3 STREET 4.4 CITY- 5 TITLE 52 NAME 5.3 STREET	enamed corporation's box  per signature require  E  E  E1 ADDRESS  ST-ZIP  I ADDRESS  ST-ZIP  I ADDRESS  ST-ZIP  I ADDRESS  ST-ZIP	ed when reinstating)		DATE CERS AND DIRE Char	g its registered of stered agent. I am  ECTORS IN 12  ange
ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS -ZIP  ADDRESS -ZIP	PD PRIMDAL, BERIT 4764 INDIAN GAP DR. ORLANDO FL D PRIMDAL, AKSEL 4764 INDIAN GAP DR. ORLANDO FL ST FISHERS, GHITA, MARIA 4764 INDIAN GAP DR	igent and title if app	Picatée N ORS DELETE DELETE	utes, the above ized by the cores.  13.  1 1 Title 1.2 NAME 1.3 STREE 14 CITY- 2.1 TITLE 32 NAME 33. STREE 34 CITY- 4.1 TITLE 42 NAME 4.3 STREE 44 CITY- 5 1 TITLE 52 NAME	enamed corporation's box  per signature require  E  E  E1 ADDRESS  ST-ZIP  I ADDRESS  ST-ZIP  I ADDRESS  ST-ZIP  I ADDRESS  ST-ZIP	ed when reinstating)		DATE CERS AND DIRE Char Char Char	g its registered of stereof agent. I am  ECTORS IN 12 ange
ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS 2-ZIP	PD PRIMDAL, BERIT 4764 INDIAN GAP DR. ORLANDO FL D PRIMDAL, AKSEL 4764 INDIAN GAP DR. ORLANDO FL ST FISHERS, GHITA, MARIA 4764 INDIAN GAP DR	igent and title if app	DELETE  DELETE  DELETE	utes, the above ized by the cores.  13. 1 1 Title 1 2 NAME 1 3 STREET 2 LITTLE 4 2 NAME 4 1 TITLE 4 2 NAME 4 3 STREET 5 1 TITLE 5 2 NAME 5 3 STREET 5 1 TITLE 6 2 NAME 6 3 NAME	enamed corporation's box  per signature require  E  E  E1 ADDRESS -ST-ZIP  I ADDRESS ST-ZIP  I ADDRESS ST-ZIP  I ADDRESS ST-ZIP  I ADDRESS ST-ZIP	ed when reinstating)		DATE CERS AND DIRE Char	g its registered of stered agent. I am  ECTORS IN 12  ange
ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS -ZIP	PD PRIMDAL, BERIT 4764 INDIAN GAP DR. ORLANDO FL D PRIMDAL, AKSEL 4764 INDIAN GAP DR. ORLANDO FL ST FISHERS, GHITA, MARIA 4764 INDIAN GAP DR	gent and title if any	DELETE  DELETE  DELETE  DELETE  DELETE	Utes, the above ized by the cores.  13. 1 1 TITLE 1.2 NAME 1.3 STREE 1 4 CITY- 2.1 TITLE 2.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREET 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY- 5.4 CITY- 5.5 TITLE 5.2 NAME 5.3 STREET 5.4 CITY- 5.5 TITLE 5.2 NAME 5.3 STREET 5.4 CITY- 5.5 TITLE 5.2 NAME 5.3 STREET 5.4 CITY- 5.5 TITLE 5.5 NAME 5.3 STREET 5.4 CITY- 5.5 TITLE 6.2 NAME 6.3 STREET	en agrature requirement signature requiremen	ed when reins along)  ADDITIONS/(	CHANGES TO OFFIC	DATE CERS AND DIRE Char Char Char Char	g its registered of stered agent. I am  ECTORS IN 12  ange