PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # K80037

UNIVERSAL DYNAMIC IMAGING, INC.



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

FILED Apr 20, 1999 8:00 am Secretary of State Katherine Harris Secretary of State

04-20-1999 90258 009 ***150.00



[
Principal Place of Business : Mailing Address					i indiditi and imit amit a		&t Bilin grätt bibrt bibr	******
3065 34TH ST. N P.O. BOX 66765								
ST. PETERSBURG FL 33713 ST. PETE BEACH FL 33736				ļ	DO NOT WRITE IN THIS SPACE			
US US				ļ	3. Date Incorporated or Qualifed			
]	•			ļ	04/13/1989	amed		İ
D. Deimainal Di	ace of Business	2a. Mailing Address			4. FEI Number			pplied For
21 7005		26 7005 CENT	ea. A.	IF	59-2945534		 	lot Applicable
Suite, Apt.		Suite, Apt. #, etc.	~#6 //•				\$8.75	Additional
22	, , , , , , , , , , , , , , , , , , ,	27		!	5. Certificate of Status Desi-	red [7	Required
City & State	െ	City & State		-	6. Election Campaign Finar	ncina -	\$5.00	May Be
	eters burg FL	28 St. Petersbui	rs FL	- I	Trust Fund Contribution	icing,		to Fees
Zip	Country	Zip	Country		8. This corporation owes th	e current	year Intangible	
24 337	10 25 USA	29 33710 30	USA	ļ	Personal Property Tax.		☐Yes	□N₀
	9. Name and Address of Current	Registered Agent			10. Name and Address of I	New Regi	istered Agent	
				ne				
RSIDENT AGENT CORP OF PINELLAS COUNTY				et Addres	ss (P.O. Box Number is Not A	ccentable	<u>,</u>	
980 TYRONE BLVD			82 Stre	,ot riddiot	55 (1 .G. 20x (1011100) 10 1.011		,	
ST. PETERSBURG FL 33710			83					1
			04 6				85 Zip	Code
			84 City	!			FL °° Z	7 0000
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								s registered
office or re	egistered agent, or both, in the State o m familiar with, and accept the obligati	if Florida. Such change was autho	onzed by the co	prporation	's board of directors. I hereby	accept th	ie appointment as r	egistered
l -	in lamma was, and accept the congain	on on o o o o o o o o o o o o o o o o o						,
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Reg	gistered Agent signat	ure required v			DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES T	O OFFIC		
TITLE	D	☐ DELETE	1.1 TITLE				☐ Change	e 🔲 Addition
NAME	DICUS, AUBREY O., JR		1.2 NAME		•			
STREET ADDRESS	980 TYRONE BLVD		1.3 STREET ADDRE	ESS				
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP					
TITLE	P	☐ DELETE	2.1 TITLE				Change	Addition
NAME	CANNOVA, MICHAEL F.	}	2.2 NAME		c R			}
STREET ADDRESS	3065 34TH ST NORTH		2.3 STREET ADDRE	:ss 9	80 (YRONE A	~ V.D	777	
CITY-ST-ZIP	ST PETERSBURG FL		2. 4 CITY-ST-ZIP	ک _	80 TYRONE B 7 DETERSBURG	٣٤	33710	
TITLE		☐ DELETE	3.1 TITLE	-	ľ		☐ Change	Addition
NAME .			3.2 NAME	. -	- -	-		-
STREET ADDRESS			3.3 STREET ADDRE	ESS				
C/TY-ST-Z/P			3.4. CITY-ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE				☐ Change	Addition
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREET ADDRE	ESS				•
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE				☐ Change	e ☐ Addition
NAME	:		5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRE	ESS				
CITY_ST_7ID		1	5.4 CITY-ST-ZIP					Ì

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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

☐ DELETE

☐ Change

☐ Addition