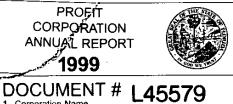
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90038 016 ***150.00

IMAGING	G TECHNOLOGY/MARKETS	INCORPORATED				77				
Principal Place	e of Business	Mailing Address					PB(8 18() 8)8)) 9(1914 B7841	J. 2.1. 1001
10915 BONITA	BEACH RD	% DONALD W FRANZ								
SUITE 1091 11618 QUAIL VILLAGE WAY						DO NOT WE	ITE IN THIS	SDACE		
BONITA SPRINGS FL 34135 NAPLES FL 34119-8872 US US						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
U\$		03				01/23/1990	ı			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Applie	d For
21		26				22-2646517			Not Ap	plicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Addi	
22		27				5. Certificate of Status Desired		_ Fe	Requir	ed
City & Stat	е	City & State				6. Election Campaign Financing			00 Ma	
23		28				Trust Fund Contribution		Add	led to F	es
Zip	Country	Zip	Cou	ntry		8. This corporation owes the cur	rent year Inti		<u> </u>	
24	25	29	30			Personal Property Tax.		Yes	_×	No
	9. Name and Address of Currer	nt Registered Agent		041	\$1	10. Name and Address of New	Registered A	agent		
FRA	nz, donald w.				Name					
	18 QUAIL VILLIAGE WAY			82	Street Addre	ess (P.O. Box Number is Not Accept	able)			
NAP	LES FL 34119			83						
				84	City			85	Zip Cod	е
							FL			
11 Dureyant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statut	es the a	hove-r	named corne	oration submits this statement for the	purpose of	changin	its rea	istered
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligations are secured to the control of the control of the provision of the provi	of Florida. Such change was a ations of, Section 607.0505, Flo	uthorized rida Stati	l by th utes.	ne corporatio	on's board of directors. I hereby acce	pt the appoir	changin ntment a	g its reg s registe	istered ered
office or r agent. I a SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obligation of the obligation o	of Florida. Such change was a ations of, Section 607.0505, Flo	inthorized orida Stati	l by th utes.	ne corporatio	on's board of directors. I hereby acce	DATE	itment a	s regisa	ered
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office or r agent. I a SIGNATURE 12.	egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AN	of Florida. Such change was a ations of, Section 607.0505, Flo	Registered	Agent si	ne corporatio	on's board of directors. I hereby acce	DATE	itment a	CTORS	ered
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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.

SIGNATURE:

DONASO