2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L45579 1. Entity Name IMAGING TECHNOLOGY/MARKETS INCORPORATED Principal Place of Business Mailing Address

FILED Feb 07, 2001 8:00 am Secretary of State 02-07-2001 90192 009 ***150.00

10915 BONITA BEACH RD SUITE 1091 BONITA SPRINGS FL 34135 US 2. Principal Place of Business		% DONALD W FRANZ 11618 QUAIL VILLAGE WAY NAPLES FL 34119-8872 US								
2. Principal i	Place of Business	3. Mailing Address				, individus dis diber bind bini labir leki birih dibik birih birih birih birih birih birih birih birih birih				
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Sta	te ·	City & State			4.	4. FEI Number 22-2646517 Applied For Not Applicate				
Zip	Country	Zip	Coun	try	5.	Certificate of Status Desired [8.75 A	dditional	
	6. Name and Address of Current R	egistered Agent			7. 1	Name and Address of New Regis		· · · · · · · · · · · · · · · · · · ·		
				Name				_	* _	
1161	nz, donald W. 18 Quail Villiage Way ILES FL 34119			Street Address (P.O. Box Number is Not Acceptable)						
				City			FL	Zip Co	de	
8. The above	e named entity submits this statement for	the number of changing its	ragiotara	d office or re =1	otoro di a c	control both in the Other of Elith		<u> </u>		
Tax filing	Signature, typed or printed name of registered agent an oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta			10	10. Election Campaign Financing \$5.00 May Be				
11.	OFFICERS AND D	IRECTORS	12.		AD	I DITIONS/CHANGES TO OFFICER	S AND D	DIRECTO	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRANZ, DONALD W 11618 QUAIL VILLAGE WAY NAPLES FL 34119	☐ Delete			•		[Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		i			[Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		1	-		_ [Change	Addition	
TITLE NAME Street Address City-St-Zip		☐ Delete					[☐ Change	☐ Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete			_		Г	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with th	☐ Delete	CITY-	T ADDRESS ST-ZIP				Change	☐ Addition	

indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE!

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR