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FILED  
Apr 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L53464** (8)  
1. Corporation Name  
**SOUTHWEST FLORIDA REGIONAL IMAGING ADVANCE TECHNOLOGY CENTER, INC.**



Principal Place of Business  
**2852 TAMiami TrL  
PT CHARLOTTE FL 33952  
US**

Mailing Address  
**PO BOX 1073  
PUNTA GORDA FL 33951-1073  
US**

3. Date Incorporated or Qualified  
**02/26/1990**

3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business  
**21**

2a. Mailing Address  
**26 P.O. Box 511073**

4. FEI Number  
**59-2992065**

Applied For  
☐ Not Applicable

Suite, Apt. #, etc.  
**[REDACTED]**

Suite, Apt. #, etc.  
**[REDACTED]**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State  
**23**

City & State  
**28**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip  
**24**

Country  
**25**

Zip  
**29**

Country  
**30**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**DUNN, RANDALL F  
329 E. OLYMPIA AVE.  
PUNTA GORDA FL 33950**

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

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

| TITLE | NAME             | STREET ADDRESS    | CITY-ST-ZIP       | DELETE                   |
|-------|------------------|-------------------|-------------------|--------------------------|
| S     | DUNN, RANDALL F. | 2211 BERMUDA      | PORT CHARLOTTE FL | <input type="checkbox"/> |
| P     | KATZEN, MELVYN J | 329 E OLYMPIA AVE | PUNTA GORDA FL    | <input type="checkbox"/> |
| V     | KATZEN, JILLIAN  | 329 E OLYMPIA AVE | PUNTA GORDA FL    | <input type="checkbox"/> |
|       |                  |                   |                   | <input type="checkbox"/> |
|       |                  |                   |                   | <input type="checkbox"/> |
|       |                  |                   |                   | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change                   | Addition                 |
|-----------|----------|--------------------|-----------------|--------------------------|--------------------------|
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |

14. I do 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: **RANDALL F. DUNN**

4-11-97

941-639-8363

CP2E034 (9/96)