FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 2:30

DOCUMENT # L60706 (3)

1. Corporation Name
EAST COAST IMAGING CORP.

Principal Place of Business	Mailing Address
% DAN DIXON 309 E. ACRE DR. PLANTATION FL 33317	% DAN DIXON 309 E. ACRE DR. PLANTATION FL 33317

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/28/1990	3a. Date of Last Report: 02/28/1994
4. FEI Number: 65-0186560	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 1001 W. Cypress Creek Rd	26 1001 W. Cypress Creek Rd
Suite, Apt. #, etc. 22 120	Suite, Apt. #, etc. 27 120
City & State 23 Ft. Lauderdale, FL	City & State 28 Ft. Lauderdale, FL
Zip / Country 24 33309 / 25	Zip / Country 29 33309 / 30

9. Name and Address of Current Registered Agent

DIXON, DAN
309 E. ACRE DR
PLANTATION FL 33317

10. Name and Address of New Registered Agent

81 Name: Dixon DAN
82 Street Address (P.O. Box Number is Not Acceptable): 1001 W. Cypress Creek Rd
83 #120
84 City: Ft. Lauderdale FL 85 Zip Code: 33309

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: Dan Dixon (If changing registered agent, this must be signature of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	☒ Change ☐ Addition
NAME	DIXON, DAN	1.2 NAME	Dixon, DAN	
STREET ADDRESS	309 E. ACRE DR	1.3 STREET ADDRESS	1001 W. Cypress Creek Rd	
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE		2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Dan Dixon Dan Dixon 2/28/95 305 647-1584
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0220070 CP