

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # L68128

(2)

95 MAY -1 AM 9:57

1. Corporation Name
IMAGING FX, INC.

Principal Place of Business

Mailing Address

2200 NW 32ND ST., #700
C/O RODNEY HAND
POMPANO BEACH FL 33074
US

2200 N.W. 32ND ST.
C/O RODNEY HAND
POMPANO BEACH FL 33074
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

04/20/1990

05/01/1994

4. FEI Number

65-0237103

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

7. This corporation has liability for intangible tax under C. 190.002,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 3350 NW 22 Terr

26 3360 NW 22 Terr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 1100 B

27 Suite 1100 B

City & State

City & State

23 Pompano Beach, FL

28 Pompano Beach, FL

24 33069 25 Broward

29 33069 30 Broward

Zip Country

Zip Country

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BASS, MICHAEL R.
400 SE EIGHT ST
FT LAUDERDALE FL 33316

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 600 S. Andrews Ave

84 6th Floor

City Ft. Lauderdale

FL

85

Zip Code 33301

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 re-registering)

DATE

4/20/95

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

HAND, RODNEY

STREET ADDRESS

2200 N.W. 32ND ST. #700

CITY ST ZIP

POMPANO BEACH FL

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

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STREET ADDRESS

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CITY ST ZIP

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NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

PSTV

☒ Change ☐ Addition

12 NAME

HAND RODNEY

13 STREET ADDRESS

3350 NW 22 Terr, Suite 1100 B

14 CITY ST ZIP

Pompano Beach, FL 33069

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 110.07(3)(k), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Typed Name

4/20/95