

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

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Mar 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M66838** (7)  
1. Corporation Name  
**AMERICAN IMAGING SERVICES, INC.**

Principal Place of Business

**JEFFREY M. AGUIAR**  
**18860 US 19 SUITE 126**  
**CLEARWATER FL 34624**

Mailing Address

**JEFFREY M. AGUIAR**  
**18860 US 19 SUITE 126**  
**CLEARWATER FL 34624-3106**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/03/1988</b>	3a. Date of Last Report <b>05/01/1996</b>
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.		4. FEI Number <b>58-1771464</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22 City & State	27	28 City & State		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 Zip	28	29 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 Country	29	30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**AGUIAR, JEFFREY M.**  
**18860 US 19 N. SUITE 126**  
**CLEARWATER FL 34624**

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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>AGUIAR, JEFFREY M.</b>	
STREET ADDRESS	<b>P.O. BOX 3060 N/A</b>	
CITY - ST - ZIP	<b>SEMINOLE FL 34642</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CHILTON, GENE L.</b>	
STREET ADDRESS	<b>P.O. BOX 3060</b>	
CITY - ST - ZIP	<b>SEMINOLE FL 34642</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>18860 US Highway 19 N</b>
1.4 CITY - ST - ZIP	<b>Clearwater, FL 34624</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>18860 U.S. Highway 19 N</b>
2.4 CITY - ST - ZIP	<b>Clearwater, FL 34624</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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: **Jeffrey M. Aguiar** **JEFFREY M. AGUIAR, PRESIDENT** **02/05/97** **(813) 538-5250**

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E034 (9/96)