

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

FILED

Jan 29 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 # P39840 (4)

1. Corporation Name
MICA IMAGING, INC.

Principal Place of Business
9444 FARNHAM, SUITE 100
SAN DIEGO CA 92123

Mailing Address
9444 FARNHAM, SUITE 100
SAN DIEGO CA 92123-1396



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 777 SOUTH FLAGLER DRIVE		26 777 SOUTH FLAGLER DRIVE		07/29/1992		05/01/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		36-2950287		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23 WEST PALM BEACH, FL		28 WEST PALM BEACH, FL		<input type="checkbox"/>		<input type="checkbox"/>	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24 33401		29 33401		<input type="checkbox"/>		<input type="checkbox"/>	
Country		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25 USA		30 USA					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MUEHLBERG, ROBERT			1.2 NAME	JOSEPH PAUL		
STREET ADDRESS	9444 FARNHAM, STE. 100			1.3 STREET ADDRESS	777 SOUTH FLAGLER DRIVE		
CITY-ST-ZIP	SAN DIEGO CA			1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401		
TITLE	V	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SUNSERI, DENISE			2.2 NAME	MICHAEL KARSCH		
STREET ADDRESS	9444 FARNHAM, STE 100			2.3 STREET ADDRESS	777 SOUTH FLAGLER DRIVE		
CITY-ST-ZIP	SAN DIEGO CA			2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				3.2 NAME	JEFFREY GOFFMAN		
STREET ADDRESS				3.3 STREET ADDRESS	777 SOUTH FLAGLER DRIVE		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				4.2 NAME	PAUL ANDREW SHAW		
STREET ADDRESS				4.3 STREET ADDRESS	777 SOUTH FLAGLER DRIVE		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: _____ RECORDED

(561) 832-0006

CR2E034 (9/96)