

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

FILED

May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P39840 (4)

1. Corporation Name
MICA IMAGING, INC. # 700



Principal Place of Business 777 S FLAGLER DR W PALM BEACH FL 33401 US	Mailing Address 777 S FLAGLER DR W PALM BEACH FL 33401 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 250 S. AUSTRALIAN AVE Suite, Apt. #, etc. 22 9th Floor City & State 23 WEST PALM BEACH, FL Zip 24 33401		2a. Mailing Address 25 250 S. AUSTRALIAN AVE Suite, Apt. #, etc. 27 9th Floor City & State 28 WEST PALM BEACH, FL Zip 29 33401		3. Date Incorporated or Qualified 07/29/1992	
		4. FEI Number 36-2950287		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	Pres/CEO
NAME	PAUL, JOSEPH	1.2 NAME	JOSEPH A. PAUL
STREET ADDRESS	777 S FLAGLER DR	1.3 STREET ADDRESS	250 S. AUSTRALIAN AVE, 9th Floor
CITY-ST-ZIP	W PALM BEACH FL	1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	S	2.1 TITLE	CO-CHAIR/DIRECTOR
NAME	KARSCH, MICHAEL	2.2 NAME	LE RICHEY
STREET ADDRESS	777 S FLAGLER DR	2.3 STREET ADDRESS	250 S. AUSTRALIAN AVE 9th Floor
CITY-ST-ZIP	W PALM BEACH FL	2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	CEO	3.1 TITLE	CO-CHAIR/DIRECTOR
NAME	GOFFMAN, JEFFREY	3.2 NAME	KEITH HARTLEY
STREET ADDRESS	777 S FLAGLER DR	3.3 STREET ADDRESS	250 S. AUSTRALIAN AVE 9th Floor
CITY-ST-ZIP	W PALM BEACH FL	3.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	CFO	4.1 TITLE	
NAME	SHAW, PAUL ANDREW	4.2 NAME	
STREET ADDRESS	777 S FLAGLER DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	VPres/CFO
NAME		5.2 NAME	WAYNE MOORE
STREET ADDRESS		5.3 STREET ADDRESS	250 S. AUSTRALIAN AVE, 9th Floor
CITY-ST-ZIP		5.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE		6.1 TITLE	Sec
NAME		6.2 NAME	FRANCIS J. HARKINS, JR.
STREET ADDRESS		6.3 STREET ADDRESS	250 S. AUSTRALIAN AVE 9th Floor
CITY-ST-ZIP		6.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401

14. I 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: _____ 4/10/98 361-832-1766

CR2E034 (10/97)