**FILED** 

**Secretary of State** 

03-24-1999 90012 029 \*\*\*150.00

Mar 24, 1999 8:00 am

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

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000013134

1. Corporation Name

FORENSIC ANIMATION & IMAGING, INC.

Principal Place of Business Mailing Address						_		11 HOURT BOILD!	100\$ (110t (108)		
		4221 AURORA ST	•								
			GABLES FL 33146				DO NOT WRITE IN THIS SPACE				
us . us							Date Incorporated or Qualifed				
	·					1	02/19/1993			ĺ	
2 Principal Pl	lace of Business	2a. Mailing Address	<del></del>				FEI Number		Apr	plied For	
21 26							65-0394567		<u> </u>	t Applicable	
Suite, Apt. #. etc. Suite, Apt. #.									\$8.75 A	dditional	
22						5. (	Certifcate of Status Desired		Fee Rec	quired	
City & State City & State						6.	Election Campaign Financing		\$5.00	May Be	
28							Trust Fund Contribution		Added to		
Zip Country Zip			Country			8. 1	This corporation owes the curr	ent year Inta		_	
24	25	29	30				Personal Property Tax.			□No	
	9. Name and Address of Curre	nt Registered Agent			<del>-</del>	10.	Name and Address of New R	egistered /	Agent		
DAD	240 1018144			81	Name					ļ	
PAPPAS, JOHN M				82 Street Address (P.O. Box Number is Not Acceptable)							
8615 SW 119 ST				Щ		<u> </u>					
MAIM	All FL 33156			83						ľ	
				84	City			·	85 Zip C	Code	
	•				•			<u> </u>			
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607.1508, Florida St	atutes, the a	bove	-named cor	rporation	submits this statement for the	purpose of a	changing its i	registered i	
agent. I a	egistered agent, or both, in the state m familiar with, and accept the obliga	ations of, Section 607.0505,	Florida Stat	utes.	ile corporar	tion a pos	and or directors. This coy doods	t ine appea		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
SIGNATURE											
	Signature, typed or printed name of registered age	······································	IOTE: Registered	Agent	signature requi			DATE	- DIDECTO	DC IN 42	
12.		ND DIRECTORS	13.			A	DDITIONS/CHANGES TO OF	-ICERS AN	☐ Change	Addition	
TITLE	P	☐ DELETE	- 1		-				☐ Change		
NAME	PAPPAS, JOHN M		1.2 N							[	
STREET ADDRESS	8615 SW 119 ST			1.3 STREET ADDRESS						Ì	
CITY-ST-ZIP				1.4 CITY-ST-ZIP					☐ Change	Addition	
TITLE	VPS	L_I DELETE	DELETE 2.1 π					-	☐ Change	□ Addition	
NAME	ELDER; JOHN G		2.2 NAME							;	
STREET ADDRESS			2.3 \$	2.3 STREET ADDRESS						ì	
City-ST-ZiP	······································			2. 4 CITY-ST-ZIP					Channe	Addition	
TITLE	٠.	☐ DELETE							☐ Change	C) Addition (	
NAME	Ì		3.2 N				, '			Ì	
STREET ADDRESS			3.3 ST	REET.	ADDRESS				•		
CITY-ST-ZIP	• • • • • • • • • • • • • • • • • • • •			ITY-ST	-ZIP				Change	Addition	
πιΕ		☐ DELETE							☐ Change	☐ Addition	
NAME	,	,		4.2 NAME							
STREET ADDRESS			4.3 S1	4.3 STREET						-	
CITY-ST-ZIP				TY-ST	-ZIP	_			[ Chanca	Addition	
TITLE	·	DELETE		5.1 TITLE			•		Change	Addition	
NAME	· · ·		5.2 N/							}	
STREET ADDRESS	•		ľ		ADDRESS					ĺ	
CITY-ST-ZIP		·		TY-ST	-ZIP					- Addition	
IIITE .		☐ DELETE			1				Change	☐ Addition	
NAME.			6.2 N								
STORET ADDRESS			6.3 S	TREET.	ADDRESS			•			

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 chapter on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP