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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000057435 (8)

IMAGE ACCESS, INC.

FILED Apr 30 1997 8:00am Secretary of State



Principal Place of Business 543 NW 77 STREET; Ste 210 BOCA RATON FL 33487 Mailing Address 543 NW 77 STREET; Ste 210 BOCA RATON FL 334871331						
					3. Date Incorporated or Qualified 08/12/1993	3a. Date of Last Report 03/29/1996
2. Principal Place of Business 2a. Mailing Address					4, FEI Number	Applied For
21 26		26			65-0431478	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.	n (A		5. Certificate of Status Desired	\$8.75 Additional
22 27 Suite 2 City & State City & State			410			Fee Required
23	W.	28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Count	у	This corporation has liability for	
24	25	29	30	•		Yes No
	9, Name and Address of Cu				10. Name and Address of New R	egistered Agent
WE	BB, THEODORE O II		8	Name		
543 NW 77 STREET				Street Ac	Idress (P.O. Box Number is Not Accepta	ble)
BOCA RATON FL 33487						,
			B	9		
			8	City		85 Zip Code
				1	orporation submits this statement for the	FL
SIGNATURE	Signature typed depressed name of registere OFFICERS	PATRICIA d agent and title if applicable. (aND DIRECTORS			Quired when reinstaling) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 12
TITLE	PD	☐ D£LETE	1.1 TITLE			☐ Change ☐ Addition
NAME	WEBB, THEODORE O II		1.2 NAMI			
STREET ADDRESS	1247 SEASPRAY AVE		1.3 STRE	T ADDRESS		
CITY-SI-7IP	DELRAY BEACH FL 33483		1.4 CITY			
THILE	VO	LATENCE TE	2.1 TITLE	- 1		Change Addition
NAME	HOPKINS, PATRICIA W	,	2.2 NAM		5570A N. DCEAN BLVD	
STREET ADDRESS						35
CITY-ST-ZIP	BOCA RATON FL 33432	SMI PENE	2 4 CITY		OCEANRIDGE FL 334	Change Addition
JULF.	D INGENDOH, THOMAS	of a crist	3 1 TITLE	1		Can custilise
NAMÉ Etore i Aponicos	THE RESIDENCE OF THE PARTY OF T	n	3.2 NAM	٠	HATZFELDER STR 161-163	
STREET ADDRESS	D-5600 WUPPERTAL 2, GE		3.3 STHE 3.4. CITY	1	•	GERMANY
CITY - ST - ZIP	L-VOUV TOU LETTINE E, OL	DELETE	3.4. UHY 4.1 TITLE	-01-14 -		☐ Change ☐ Addition
NAME			4. 2 NAM			
STREET ADORESS	ĺ			T ADDRESS		
CITY ST - ZIP			4.4 CITY	1		
TIME		DELETE	5.1 TITLE			Change Additio
NAME			5.2 NAM			-
STREET ADDRESS				ET ADDRESS	• 3	
Cify-ST-ZIP			5.4 CITY		·	
TITLE		☐ DELETE	6.1 YITLE			Change Additio
NAME			6.2 NAM			
STREET ADDRESS			6.3 STRE	ET AODRESS		
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.