SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

FROFIT-CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1996	DIVISION OF CO	RPORATIONS		
DOCUMENT # P93	3000076568 (3)			
CALOOSA IMAGING, INC.			L KRAKKARI ME IRMBA MINI BANIN SANIN S	BON MANG KARIA SHINI ANKA BANDI 1836 NADA
Principal Place of Business	Mailing Address			
·	AND DIEM INCLEMAN			
2200 KINGS HIGHWAY 2200 KING HIGHWAY 23				
PAT-CHARLOTTE FL 39990 US	Port Charlotte FL 3398 0 US -		3. Date incorporated or Qualified 11/01/1993	3a. Date of Last Report 02/14/1995
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
13790 Peace River 1	DR. 26 3790 PEACE	Kiver DR.	65-0432524	Not App'icable
Suite, Apt #, etc	Suite, Apt. #, etc		5. Certificate of Status Desired	Fee Required
City & State	City & State	RdA, FI	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
3 Punta GORDA FI		Country	This corporation has liability for	
4 33983 25 USA		usa	Florida Statutes	Yes No
	f Current Registered Agent	81 Name_	10. Name and Address of New R	egistered Agent
2200 KING HIGHWAY, S TE. PO RT CHARLOTTE FL 33 98		OE Dilect ride	NRAD E. KOCRD Iress (P.O. Box Number is Not Accepta 190 Peace River	e Dr.
		84 City	nta Goeda poration submits this statement for the	FL 85 Zip Code
11. Pursuant to the provisions of Sections office or registered agent, or both, in tagent I am familiar with, and peept	607.0502 and 607.1508, Florida Statutes the State of Florida Such change was aut the obligations of, Section 607.0505, Flori	, the above named corporal da Statutes.	poration submits this statement for the tion's board of directors. I hereby acception	purpose of changing its registered of the appointment as registered
SIGNATURE COMOR &	. loun	Registered Agent signature regi		7-9-96
Signature typed or printed name of re- 12. OFFIC	gistere Gent and titl Capplicable (NOTE CERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
TIFLE DP	DELETE	-	P	Change Addition
NAME LAMM, W.C.			lonkad E. Koerpe	
STREET ADDRESS 2200 KINGS HIGHWA	•	13 STREET ADDRESS	3790 Peace River	172. 33983
CITY-ST-ZIP PORT CHARLOTTE F	L DELETE		Punta Gorda, Fl	Change Addition
NAME SAYRE; DORIS	****	22 NAME	Sharan A. Kocroe	e = _
STREET ADDRESS 2200 KINGS FIRSHWA	NY, STE. 23	2 3 STREET ADDRESS	Sharon A. Kocepe 3790 Perce River Punta Gorda It	= De.
CITY-ST-ZIP FORT CHARLOTTE F	t	2 4 CITY - ST - ZIP	Punta Gorda, MI	. <u>33983</u>
TITLE	DELEJE	3 1 TITLE		Change Addition
NAME		3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS		3.3 STHEET ADDRESS		
CITY-ST-ZIP TITLE	DELETE	4 1 TITLE		Change Addition
NAME		4 2 NAME		

6.4 City - St - ZiP CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, if on an attachment with an address

4 3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5 4 CHTY - ST - ZIP

4 4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

TITLE

NAME

TITLE

NAME

COPE E OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

Change Addition

Change Addition