FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000086201 (9)**

1. Corporation Name

IMAGING SOLUTIONS INC.

Principal Place of Business

FOUNTAINS EXECUTIVE CENTER. SUITE 134
9000 SHERIDAN ST.
PEMBROKE PINES FL 33024

Mailing Address

FOUNTAINS EXECUTIVE CENTER. SUITE 134
9000 SHERIDAN ST.
PEMBROKE PINES FL 33024

3. Date Incorporated or Qualified: **12/13/1993**

3a. Date of Last Report: **04/27/1995**

4. FEI Number: **65-0445532** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes ☐ Yes ☒ No

21	9000 SHERIDAN ST
22	SUITE 134
23	PEMBROKE PINES
24	FL 33024
25	Country BROWARD

2. Principal Place of Business

2a. Mailing Address

26	9000 SHERIDAN ST
27	SUITE 134
28	PEMBROKE PINES FL
29	33024
30	Country BROWARD

9. Name and Address of Current Registered Agent

DREYER, MARK
2001 N.W. 114 AVE.
PEMBROKE PINES FL 33026

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 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: Mark Dreyer MARK DREYER 3-30-96
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DREYER, MARK		1.2 NAME		
STREET ADDRESS	2001 NW 114 AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PEMPROKE PINES FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DREYER, DORIS		2.2 NAME		
STREET ADDRESS	2001 NW 114 AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DREYER, MARK,		3.2 NAME		
STREET ADDRESS	2001 NW 114 AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DREYER, DORIS		4.2 NAME		
STREET ADDRESS	2001 NW 114 AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mark Dreyer MARK DREYER 3-30-96 954-4381653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)