

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90296 029 ***150.00

DOCUMENT # P94000011173

1. Corporation Name

BOTTOM LINE IMAGES, INC.

Principal Place of Business

3161 SW 117TH AVE
DAVIE FL 33330
US

Mailing Address

3161 SW 117TH AVE
DAVIE FL 33330
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/04/1994

4. FEI Number

65-0516447

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 4525 N.W. 8TH AVE

26 Suite, Apt. #, etc.

22 FT. LAUDERDALE, FL

27 Suite, Apt. #, etc.

23 33309

28 City & State

24 Zip

29 Zip

25 Country US

30 Country

9. Name and Address of Current Registered Agent

CASTILLO, A. DEAN
3161 SW 117TH AVE.
DAVIE FL 33330

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CEO ☐ DELETE

NAME CASTILLO, DEAN A
STREET ADDRESS 3161 SW 117TH AVE.
CITY-ST-ZIP DAVIE FL

TITLE P ☐ DELETE

NAME STEPHENSON, DWIGHT
STREET ADDRESS 3161 SW 117TH AVE
CITY-ST-ZIP DAVIE FL

TITLE VC ☐ DELETE

NAME MARINO, DANIEL C
STREET ADDRESS 3161 SW 117TH AVE.
CITY-ST-ZIP DAVIE FL

TITLE EVP ☐ DELETE

NAME STRINGER, RALPH
STREET ADDRESS 3161 SW 117TH AVE
CITY-ST-ZIP DAVIE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

4525 N.W. 8TH AVE
FT. LAUDERDALE, FL 33309

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

4525 N.W. 8TH AVE
FT. LAUDERDALE, FL 33309

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4525 N.W. 8TH AVE
FT. LAUDERDALE, FL 33309

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

4525 N.W. 8TH AVE.
FT. LAUDERDALE, FL 33309

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-99 (954) 614-7200

CR2E034 (11/98)