

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000029856 (9)

1. Corporation Name

SCANSTOR, INC.



Principal Place of Business

2183 NORTH POWERLINE RD.  
S & T  
POMPANO BEACH FL 33069  
US

Mailing Address

2183 N. POWERLINE RD.  
S&W  
POMPANO BEACH FL 33069  
US

3. Date Incorporated or Qualified  
04/20/1994

3a. Date of Last Report  
06/09/1995

2. Principal Place of Business

2a. Mailing Address

21 2183 N. POWERLINE RD

25 2183 N. POWERLINE RD

Suite, Apt. #, etc

Suite, Apt. #, etc.

22 SUITE S

27 SUITE S

City & State

City & State

23 POMPANO BEACH

28 POMPANO BEACH

Zip

Country

Zip

Country

24 33069

25 US

29 33069

30 US

4. FEI Number

65-0483178

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. 199.032,  
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE LAW FIRM OF LAWRENCE J. SPIEGEL CHTRD  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME JENSEN, BENT A  
STREET ADDRESS C/O 2175 N. POWERLINE ROAD STE. R  
CITY-ST-ZIP POMPANO BEACH FL 33069

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CHAIRMAN  
1.2 NAME BENT JENSEN  
1.3 STREET ADDRESS 2183 N. POWERLINE RD.  
1.4 CITY-ST-ZIP POMPANO BEACH FL 33069

☒ Change ☐ Addition

2.1 TITLE PRESIDENT  
2.2 NAME BARRY L. CRAIG  
2.3 STREET ADDRESS 2183 N. POWERLINE RD.  
2.4 CITY-ST-ZIP POMPANO BEACH FL 33069

☒ Change ☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(BARRY L. CRAIG - PRESIDENT)

Date 4/16/96 (954) 9695671

CR2E034 (12/95)