

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 21, 1999 8:00 am**  
**Secretary of State**

07-21-1999 90010 015 \*\*\*558.75

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000059592**

1. Corporation Name

**MAGNETIC IMAGING SUPPLIES, INC.**

Principal Place of Business

1825 PONCE DE LEON  
#257  
CORAL GABLES FL 33134  
US

Mailing Address

1825 PONCE DE LEON BLVD  
#257  
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/11/1994**

4. FEI Number

**65-0511175**

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. ☐ Yes ☒ No

2. Principal Place of Business

21 **410 East Hallandale Bch Blvd**

Suite, Apt. #, etc.  
22 **Suite A**

City & State  
23 **Hallandale, Florida**

Zip Country  
24 **33009** 25 **U.S.A.**

2a. Mailing Address

26 **1825 Ponce de Leon Blvd**

Suite, Apt. #, etc.  
27 **#257**

City & State  
28 **Coral Gables, Florida**

Zip Country  
29 **33134** 30 **U.S.A.**

9. Name and Address of Current Registered Agent

GIBBONS, JOSEPH  
200 LESLIE DRIVE  
#920  
HALLANDALE FL 33134

10. Name and Address of New Registered Agent

81 Name **Gibbons, Joseph**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**200 Leslie Drive**  
83 **#920**  
84 City **Hallandale** 85 Zip Code **FL 33009**

11. Pursuant to the provisions of sections 607.0202 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: **Joseph Gibbons**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: **7/14/99**

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE  
NAME **GIBBONS, JOSEPH A**  
STREET ADDRESS **200 LESLIE DRIVE #920**  
CITY-ST-ZIP **HALLANDALE FL 33134**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
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CITY-ST-ZIP

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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

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE ☐ Change ☐ Addition  
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.

SIGNATURE: **Joseph Gibbons**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)