FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P9400060619 (1)

FLORIDA IMAGING, INC.

Principal Place of Business Ma

5125 ADANSON ST., SUITE 200 ORLANDO FL 32804 Mailing Address

5125 ADANSON ST., SUITE 200 ORLANDO FL 32804-1329

FILED

Jan 15 1997 8:00am Secretary of State



							3. Date Incorporated or Qualified	3a. Date	of Last	Report	
							08/17/1994	06/12	1996		
2. Principal P	lace of Business	2a.	Mailing Address				4. FEI Number			pplied For	
21		26					59-3262844		I	lot Applicable	
Suite, Apt #, etc			Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional			Additional	
22							5. Certificate of Status Desired		Fee F	leguired	
City & Stat	e		City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28					Trust Fund Contribution			to Fees	
Ζιρ	Country		Zip	Cour	ntry		8. This corporation has liability for i	ntangible tax	under	s. 199.032.	
24	25	29		30				Yes 🔲		,	
	9. Name and Address of	of Current Regist	ered Agent				10. Name and Address of New Re	gistered Ag	ent		
MUL	ONEY, TERENCE				81	Name					
	S ADANSON ST., SUITE	200		<u> </u>	00 01-010-						
	ANDO FL 32804	EUU			82 Street Address (P.O. Box Number is Not Acceptable)						
ORL	MAINO LE 25004			<u> </u>	83						
I				- 1							
				ľ	84	City			35 Zip	Code	
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·						FL			
11. Pursuant	to the provisions of Sections	\$ 607.0502 and 60 the State of Florid	07.1508, Florida Statul	les, the ab	ove-	-named corp	pration submits this statement for the p	urpose of ch	anging	its registered	
agent. La	am familiar with, and accept	the obligations of,	Section 607.0505, Fig.	orida Statu	utes.	ine corporati	on's board of directors. I hereby accep	и ше арроп	inicia a	s registered	
SIGNATURE											
	Signature, type dish product name of o				Agen	t signature require	d when re-ristating)	DATE			
12.	T	CERS AND DIREC		13.			ADDITIONS/CHANGES TO OFFIC				
£111£	D		DELETE	1.1 7(1)	ιE			<u> </u>	Change	Addition	
NAME	MOONEY, TERENCE			1.2 NA	ME						
STREET ADDRESS	727 CORNWALL ROAD)		1.3 STA	reet a	NDDRESS					
CITY-ST-ZIP	WINTER PARK FL 3279	92		1 4 CIT	TY-ST	- ZIP					
THLE	D		DELETE	21 117	1 F				Change	Addition	
						1		****			
NAMÉ	_			2.2 NA		Ì		-			
NAME STREET ADDRESS	MAJOR, SCOTT				ME	ADDRESS					
STREET ADDRESS	MAJOR, SCOTT 1123 KOPRIL LANE	1		2.3 STF	ME REET A		- 1.				
İ	MAJOR, SCOTT)	DELETE		ME REET A TY-ST		***		Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE	MAJOR, SCOTT 1123 KOPRIL LANE)	DELETE	2.3 STF 2 4 C/I 3 1 T/IT	ME REET A TY-ST		-1.		Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME	MAJOR, SCOTT 1123 KOPRIL LANE)	☐ DELETE	2.3 STF 2.4 Ctl 3.1 TtT 3.2 NA	ME REET A TY-ST ILE IME	I - ZIP	-1.		Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MAJOR, SCOTT 1123 KOPRIL LANE)	☐ DELETE	2.3 STF 2 4 CH 3 1 TH 3 2 NA 3 3 STF	ME REET A TY-ST ILE IME REET A	- ZIP ADDRESS	-1.		Change	Addition	
STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP	MAJOR, SCOTT 1123 KOPRIL LANE)		2.3 STF 2.4 CH 3.1 TH 3.2 NAI 3.3 STF 3.4. CH	ME REET A TY-ST ILE IME REET A TY-ST	- ZIP ADDRESS	-11				
STREET ADDRESS CHY-SI-ZIP TITLE NAME STREET ADDRESS CHY SI-ZIP TITLE	MAJOR, SCOTT 1123 KOPRIL LANE)	☐ DELETE	2.3 STF 2.4 CH 3.1 TH 3.2 NAI 3.3 STF 3.4 CH 4.1 TH	ME REET A TY-ST LE ME REET A TY-ST	- ZIP ADDRESS	-11		Change Change	Addition	
STREET ADDRESS CHY-SI-ZIP TITLE NAME STREET ADDRESS CHY SI-ZIP TITLE NAME	MAJOR, SCOTT 1123 KOPRIL LANE)		2 3 STF 2 4 CH 3 1 TH 3 2 NAI 3 3 STF 3 4 CH 4 1 TH 4 2 NAI	ME TY-ST ILE IME REET A TY-ST ILE	ADDRESS 1-ZIP	-11				
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MAJOR, SCOTT 1123 KOPRIL LANE)		2.3 STF 2.4 CII 3.1 TITI 3.2 NAI 3.3 STF 3.4 CII 4.1 TITI 4.2 NAI 4.3 STF	ME TY-ST ILE IME REET A TY-ST ILE AME	1-ZIP ADDRESS 1-ZIP ADDRESS	-10				
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MAJOR, SCOTT 1123 KOPRIL LANE)	☐ DELETE	2.3 STF 2.4 CH 3.1 TH 3.2 NAI 3.3 STF 4.1 TH 4.2 NA 4.3 STF 4.4 CH 5.1 TH 5.2 NAI	ME REET A TY-ST LE ME REET A TY-ST LE ME REET A TY-ST LE ME REET A	ADDRESS 1- ZIP ADDRESS 2- ZIP ADDRESS ADDRESS	-6		Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MAJOR, SCOTT 1123 KOPRIL LANE		☐ DELETE	2.3 STF 2.4 CII 3.1 TII 3.2 NAI 3.3 STF 4.1 TII 4.2 NA 4.3 STF 4.4 CII 5.1 TII 5.2 NAI 5.3 STF	ME REET A IY-SI ILE REET A IY-SI ILE AME REET A IY-SI ILE ME REET A	ADDRESS 1- ZIP ADDRESS 2- ZIP ADDRESS ADDRESS			Change	Addition	
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STREET ADDRESS CITY-ST-ZIP TITLE NAME	MAJOR, SCOTT 1123 KOPRIL LANE		☐ DELETE	2.3 STF 2.4 CII 3.1 TII 3.2 NAI 3.3 STF 4.1 TII 4.2 NA 4.3 STF 4.4 CII 5.1 TII 5.2 NAI 5.3 STF 5.4 CII 6.1 TIT 6.2 NAI	ME REET A ITY-ST ILE ME REET A	ADDRESS 1- ZIP ADDRESS - ZIP ADDRESS - ZIP			Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MAJOR, SCOTT 1123 KOPRIL LANE		☐ DELETE	2.3 STF 2.4 CII 3.1 TII 3.2 NAI 3.3 STF 4.1 TII 4.2 NA 4.3 STF 4.4 CII 5.1 TII 5.2 NAI 5.3 STF 5.4 CII 6.1 TIT 6.2 NAI	ME REET A ITY-ST LE ME REET A	ADDRESS 1- ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS			Change	Addition	

14. I do hereby certify that the information supplied with this thing 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.

SI	G	N.	AΤ	IJ	R	E

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER

JENEVEL MOONEY

1-7-97

407-647-274