SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
[AMOUN]T DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

PROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
Sep 17 1997 8:00am
Secretary of State

DOCUMENT # P94000074522 (1)
1. Corporation Name

NATIONAL IMAGING SUPPLIES GROUP, INC.

Principal Place of Business	Mailing Address
1002 SAVAGE CT LONGWOOD FL 32750-4905	PO BOX 6382 LONGWOOD FL 32791-6272

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
10/05/1994	04/30/1996

2. Principal Place of Business	2a. Mailing Address
21 *901 NORFOLK CT*	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 *Longwood FL*	28
Zip 24 *32750* Country 25 *USA*	Zip 29 Country 30

4. FEI Number **36-3747637** 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BALEY, RAY 108 SAND PINE LN. LONGWOOD FL 32770	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		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **P**	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition	
NAME **RAYMOND BALEY**		1.2 NAME		
STREET ADDRESS **108 SAND PINE LN**		1.3 STREET ADDRESS		
CITY-ST-ZIP **LONGWOOD FL 32770**		1.4 CITY-ST-ZIP		
TITLE **VP**	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition	
NAME **ALBERT BROOKS**		2.2 NAME		
STREET ADDRESS ~~NORFOLK ST~~		2.3 STREET ADDRESS		
CITY-ST-ZIP **LONGWOOD FL 32750**		2.4 CITY-ST-ZIP		
TITLE **ST**	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition	
NAME **HEIDI BALEY**		3.2 NAME		
STREET ADDRESS **108 SAND PINE LN**		3.3 STREET ADDRESS		
CITY-ST-ZIP **LONGWOOD FL 32770**		3.4 CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition	
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		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		

CR2E034 (4/97)

14. I do 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: _____   9/14/97   _____