

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 10 PH 2: 01

DOCUMENT # **P94000077192 (0)**

1. Corporation Name
HI-RES IMAGING, INC.

Principal Place of Business Mailing Address
3816 W. LINEBAUGH AVE. SUITE 402 TAMPA FL 33624

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/20/1994** 3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 5103-D Southern Comfort Blvd	26 3816 W. Linebaugh Ave	69-3273045	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
22	27 402	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23 TAMPA FL	28 Tampa FL		
Zip	Zip		
24 33634	29 33624		
Country	Country		
25 Hillsborough	30 Hillsborough		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST. TALLAHASSEE FL 32301		B1 Name		
		B2 Street Address (P.O. Box Number is Not Acceptable)		
		B3		
		B4 City	FL	B5 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 _____ DATE _____
Signatures typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles W. Fest Jr.	1.2 NAME	
STREET ADDRESS	16617 Volley Drive	1.3 STREET ADDRESS	
CITY-ST-ZIP	Tampa FL 33618	1.4 CITY-ST-ZIP	
TITLE	Vice President	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marc Weiner	2.2 NAME	
STREET ADDRESS	17834 Grey Brook Drive	2.3 STREET ADDRESS	
CITY-ST-ZIP	Tampa FL 33647	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 110.07(3)(4), 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, 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: _____ DATE: **3-14-95** 813-886-5597