

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

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**Mar 25 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P94000077192 (0)**  
1. Corporation Name  
**HI-RES IMAGING, INC.**



Principal Place of Business: **5403-D SOUTHERN COMFORT BLVD TAMPA FL 33634 US**  
Mailing Address: **5403D SOUTHERN COMFORT BLVD STE 402 TAMAP FL 33634-5216 US**

3. Date Incorporated or Qualified: **10/20/1994**      3a. Date of Last Report: **04/29/1996**  
4. FEI Number: **59-3273045**      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

2. Principal Place of Business: **5403 SOUTHERN COMFORT BLVD**      2a. Mailing Address: **5403 SOUTHERN COMFORT BLVD**  
21. Suite, Apt. #, etc: **SUITE D**      26. Suite, Apt. #, etc: **SUITE D**  
22. City & State: **TAMPA FL**      27. City & State: **TAMPA FL**  
23. Zip: **33634**      Country: **U.S.**      28. Zip: **33634**      Country: **U.S.**  
24.      25.      29.      30.

9. Name and Address of Current Registered Agent  
**CORPORATION INFORMATION SERVICES INC.  
1201 HAYS ST.  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
81. Name: **SCOTT F BARNETT**  
82. Street Address (P.O. Box Number is Not Acceptable): **238 EAST DAVIS BLVD**  
83. **SUITE 205**  
84. City: **TAMPA**      FL      85. Zip Code: **33606**

11. Pursuant to the provisions of Sections 607.0703 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]* **SCOTT F. BARNETT, JR., LL.M.**      3/12/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>FEST, CHARLES W. J</b>	
STREET ADDRESS	<b>18817 VALLEY DR</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>WEINER, MARC</b>	
STREET ADDRESS	<b>17834 GREY BROOK DR</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<b>TAMPA FL 33618</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>815 BAYSHORE BLVD</b>
2.4 CITY-ST-ZIP	<b>TAMPA FL 33606</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 employed 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: *[Signature]*      03/18/97      (813) 886-5597  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Cayman's Phone #

CR2E034 (9/96)