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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400077847

1. Corporation Name

PLANTATION IMAGING, INC.

Principal Place of Business Mailing Address					INCH LEBRI LEÍST ALAST TARL TARL	
7500 NW 5TH ST 7500 NW 5TH ST SUITE 112 SUITE 112 PLANTATION FL 33317 PLANTATION FL 33317				DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed 10/24/1994	S SPACE	
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21	acc of Edulloss	26			65-0528253	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip 3	Country		This corporation owes the current year in Personal Property Tax.	ntangible ☐ Yes ☐ No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered	Agent
PETERSON, BRENT A 7500 NW 5TH ST SUITE 112 PLANTATION FL 33317			81 82 83	Name Street Addr	ess (P.O. Box Number is Not Acceptable)	85 Zip Code
l office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth	norized by	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the appo	of changing its registered
	Signature, typed or printed name of registered age			t signature required	d when reinstating) DATE	NO DIDECTORS IN 42
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	Change Addition
TITLE NAME STREET ADDRESS	P BERG, JAKe 850 THIRD AVE	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET	LADORESS		
CITY-ST-ZIP			1.4 CITY-S	T. 7IP		
TITLE	VP	DELETE 2.1				☐ Change ☐ Addition
NAME	SPIEGEL, STANLEY	• •	2.2 NAME	}		· ·
STREET ADDRESS	850 THIRD AVE		2.3 STREET	FADDRESS		
CITY-ST-ZIP	NEW YORK NY 10022		2. 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change Addition
NAME			32 NAME			
STREET ADDRESS			3.3 STREE	r address		
CITY-ST-ZIP			3.4. CITY-S	T-ZIP		
TITLE		☐ DELETE	4.1 TITLE	1		☐ Change ☐ Addition
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		

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, with all other like empowered.

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME

6.1 TITLE

62 NAME

☐ DELETE

☐ DELETE

SIGNATURE: X

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

TITLE

NAME

Change

☐ Change

Addition

Addition