

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

DOCUMENT # **P94000090366 (3)**

1. Corporation Name  
**IMAGING SOLUTIONS TECHNOLOGIES, INC.**

Principal Place of Business

**730 S STERLING AVE  
#300  
TAMPA FL 33609  
US**

Mailing Address

**403 N. MORGAN STREET  
SUITE 100  
TAMPA FL 33602**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/12/1994**

4. FEI Number

**65-6553457**

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

2. Principal Place of Business

21 **730 S. Sterling Ave**

Suite, Apt. #, etc.

22 **300**

City & State

23 **TAMPA FLORIDA**

Zip

24 **33609**

Country

25 **U.S.A**

2a. Mailing Address

26 **730 S. Sterling Ave**

Suite, Apt. #, etc.

27 **300**

City & State

28 **TAMPA FLORIDA**

Zip

29 **33609**

Country

30 **U.S.A**

9. Name and Address of Current Registered Agent

**MCLEOD, GARY W  
3407 WEST MCKAY AVE.  
TAMPA FL 33609**

10. Name and Address of New Registered Agent

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

TITLE **D** ☐ DELETE

NAME **MCLEOD, GARY W**  
STREET ADDRESS **3407 WEST MCKAY AVE.**  
CITY-ST-ZIP **TAMPA FL 33609**

TITLE **D** ☒ DELETE

NAME **LA SALA, MARION P**  
STREET ADDRESS **305 TERHUNE DR**  
CITY-ST-ZIP **WAYNE NJ**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

**000002612420**

**-08/11/98--01020--020**

**\*\*\*150.00**

**PE  
8.7**

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.

SIGNATURE:

**1/6/98**

**813 354 8691**

CR2E034 (5/98)

## IMAGING SOLUTIONS TECHNOLOGIES, INC.

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July 28, 1998

Annual Reports Filings  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: Imaging Solutions Technologies, Inc.  
REF: Number: P94000090366

Dear Sirs/Madame:

Enclosed please find the notice for Imaging Solutions Technologies, Inc., Annual Report.

We had not received the First Annual Report, we believe it was sent to our old address.  
We moved our offices last year and believed all our mail was being forwarded.

After we called the number listed on the report they informed us to send the report, with  
the filing fee of \$150.00 to your offices.

If there is a problem, please notify immediately, and we will respond accordingly.

Thank you very much for your assistance.

Very truly yours,

Gary Macleod

