

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000002658 (9)

1. Corporation Name

BUSINESS IMAGING SERVICES, INC.



Principal Place of Business

18429 49TH ST. NORTH  
LOXAHATCHEE FL 33470

Mailing Address

18429 49TH ST. NORTH  
LOXAHATCHEE FL 33470

2. Principal Place of Business

21 3892 PROSPECT AVE S-3

Suite, Apt. #, etc.

22 SUITE 3

City & State

23 WEST PALM BEACH FL

Zip

24 33404

Country

25 PALM BEACH

2a. Mailing Address

26 18429 49TH ST NORTH

Suite, Apt. #, etc.

27

City & State

28 LOXAHATCHEE FL

Zip

29 33470

Country

30 PALM BEACH

3. Date Incorporated or Qualified  
01/09/1995

3a. Date of Last Report

N/A

4. FEI Number

650546667

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

10. Name and Address of New Registered Agent

81 Name

DAN DANFORTH

82 Street Address (P.O. Box Number is Not Acceptable)

18429 49TH ST NORTH

83

84 City

LOXAHATCHEE

FL

85 Zip Code

33470

11. Pursuant to the provisions of Sections 607.1502 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 607.1505, Florida Statutes.

SIGNATURE

*[Signature]*

DAN DANFORTH

PRESIDENT

1/17/96

(NOTE: Registered Agent's signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME ~~SECRETARY TREASURER~~

STREET ADDRESS ~~JOSE CARRERAS~~

CITY-ST-ZIP ~~2052 NW 64 AVE~~

~~MARGATE FL 33063~~

TITLE ☐ DELETE

NAME PRESIDENT

STREET ADDRESS DAN DANFORTH

CITY-ST-ZIP 18429 49TH ST NORTH

LOXAHATCHEE FL 33470

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

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 119.07(3)(k), 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]* DAN DANFORTH

PRESIDENT

1/17/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)