

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000015097 (5)

1. Corporation Name
TOTAL IMAGING, INC.

Principal Place of Business

4915 BEACH BLVD
SUITE 1
JACKSONVILLE FL 32207

Mailing Address

4915 BEACH BLVD
SUITE 1
JACKSONVILLE FL 32207

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

g. Name and Address of Current Registered Agent

SCIULLO, MARK V
4915 BEACH BLVD
SUITE 1
JACKSONVILLE FL 32207

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 fee, if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P SCIULLO, MARK V
4915 BEACH BLVD STE 1
JACKSONVILLE FL 32207

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VP BOWLING, JAMES P
4915 BEACH BLVD STE 1
JACKSONVILLE FL 32207

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TS BALQUIERE, DAVID
4915 BEACH BLVD STE 1
JACKSONVILLE FL 32207

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

700002352427-8

-11/19/97--01104--006

****750.00 ****750.00

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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Change Addition

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 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

Signature, typed or printed name of registered agent and fee, if applicable

DATE

908 396 0/23

APPROVED
AND
FILED

97 NOV 17 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

3. Date Incorporated or Qualified

02/21/1995

3a. Date of Last Report

06/22/1996

4. FEI Number

65-0570060

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

10. Name and Address of New Registered Agent

CR2E084 (4/97)