SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P95000042321

1. Corporation Name

IMAGING SCIENCE CORPORATION

Principal Place of Business

611 DRUID ROAD
SUITE 109
CLEARWATER FL 34616

Mailing Address

PO BOX 120
SAFETY HARBOR, FL 34695

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 95.
3a. Date of Last Report

4. FEI Number: 65-0584126

5. Certificate of Status Desired [ ] — **$8.75** Additional Fee Required

6. Elected Corporation Fee — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under section 199.032, Florida Statutes. [ ] Yes [X] No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: MICHAEL REESE
82 Street Address (P.O. Box Number is Not Acceptable): 36426 US 19 N.
83
84 City: PALM HARBOR **FL** 85 Zip Code: 34684

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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. ... agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE [signature]

12. OFFICERS AND DIRECTORS	
TITLE	PRES., SEC. + TREASURER
NAME	BRUCE PITCHER
STREET ADDRESS	611 DRUID ROAD #109
CITY-ST-ZIP	CLEARWATER, FL 34616
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

700001911427
-08/02/96--01031--035
***225.00

8-2-96

CR2E034 (3/96)

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 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] BRUCE PITCHER 6/11/96 813 461 0400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR