## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



LLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000052151 (4)

DATASCAN SOUTHEAST, INC.

## FILED Jan 30 1998 8:00am Secretary of State



				_{	
Principal Place of Business Mailing Address					. 2014 11941 11931 41181 1191 1491
2301 WEST SAMPLE ROAD. BUILDING 4. STE. 2A 2301 WEST SAMPLE RO. POMPANO BEACH FL 33073 POMPANO BEACH FL 33			ROAD, BUILDING 4, STE, 2A 33073		
				DO NOT WRITE IN THE	S SPACE
				3. Date Incorporated or Qualified 07/06/1995	
<del></del>	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26	·	65-0599667	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zιp 	Country	8. This corporation owes or has paid the c	
24	25	29	30	Personal Property Tax due June 30.	Yes No
				10. Name and Address of New Registere	Agent
<b>*</b> \	ATASCAN OF FLA INC.		OI Name		
2301 W SAMPLE RD.			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	<del></del>
BLDG 4, STE 2A			00		
POMPANO BCH FL 33073			83		
			84 City		85 Zip Code
4 0		1007.4600 51 11 0		Fi	-
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutos, 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 revisitating) DATE					
12.	OFFICERS AND	- · · · · · · · · · · · · · · · · ·	Registered Agent signature required     13.	d when recestating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECTORS IN 12
TOLE	PTD	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AF	Change Addition
NAME	HALL, KENNETH JAY		12 NAME		
STREET ADDRESS 2301 WEST SAMPLE ROAD, BUILDING 4, STE. 2A		1.3 STREET ADDRESS		į:	
CITY-ST-ZIP	POMPANO BEACH FL 33073		1.4 CITY-\$1-ZIP		
inct	VSD	☐ DELET€	2 1 TiTLE		Change Addition
NAME	GOLDSTEIN, MICHAEL P		2 2 NAME		
STREET ADDRESS	2301 WEST SAMPLE ROAD,	BUILDING 4. STE. 2A	2.3 STREE1 ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33073		2. 4 CITY - ST - 7IP		
TITLE		DELFTE	3.1 TITLE		Change Addition
NAME			3.2 NAME		_ , <del>_</del>
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-7/P		
THILE		DELETE	4.1 THUE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST- ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TillE	1,	∠ Change
NAME			5.2 NAME	M .	101
STREET ADDRESS			5.3 STREET ADDRESS	49 h	(3T)
CITY-\$T-ZIP			5.4 CITY- ST- ZIP	H) I	
TITLE		DELETE	G.1 TITLE	4 1001100010000000000000000000000000000	Change Addition
NAME			G.2 NAME	1000024170 -01/30/98010320	# #   10
STREET ADDRESS			6.3 STREET ADDRESS		1 5
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***150,00	
	ertify that the information supplied with	this filma done not qualify for		ection 119 07(3)(i) Florida Statutes I further o	artifu that the information

4. 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 suppliemental 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 change or on an allact pant with an oddress.

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11,00

954-472-7777