

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90004 010 ***550.00

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DOCUMENT # P95000075720 ✓
Corporation Name

FULL SPECTRUM IMAGING, INC.



Principal Place of Business
869-A N. PINE ISLAND RD.
PLANTATION FL 33322

Mailing Address
11869-A N. PINE ISLAND RD.
PLANTATION FL 33322

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|---------|---------------------|---------|---|--|
| Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 10/02/1995 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number 65-0654952 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 25 | | 29 | | 8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |
| STEIN, MITCHELL 11869-A N. PINE ISLAND RD. PLANTATION FL 33322 | | | | 81 Name | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | 83 | |
| | | | | 84 City FL 85 Zip Code | |

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 | | (NOTE: Registered Agent signature required when reinstating) | | DATE | |
| Signature, typed or printed name of registered agent and title if applicable. | | | | | |
| OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| E | DPST <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| IE | STEIN, MITCHELL | 1.2 NAME | | | |
| REET ADDRESS | 11869-A N. PINE ISLAND RD. | 1.3 STREET ADDRESS | | | |
| ST-ZIP | PLANTATION FL 33322 | 1.4 CITY-ST-ZIP | | | |
| E | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| IE | | 2.2 NAME | | | |
| REET ADDRESS | | 2.3 STREET ADDRESS | | | |
| ST-ZIP | | 2.4 CITY-ST-ZIP | | | |
| E | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| IE | | 3.2 NAME | | | |
| REET ADDRESS | | 3.3 STREET ADDRESS | | | |
| ST-ZIP | | 3.4 CITY-ST-ZIP | | | |
| E | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| IE | | 4.2 NAME | | | |
| REET ADDRESS | | 4.3 STREET ADDRESS | | | |
| ST-ZIP | | 4.4 CITY-ST-ZIP | | | |
| E | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| IE | | 5.2 NAME | | | |
| REET ADDRESS | | 5.3 STREET ADDRESS | | | |
| ST-ZIP | | 5.4 CITY-ST-ZIP | | | |
| E | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| IE | | 6.2 NAME | | | |
| REET ADDRESS | | 6.3 STREET ADDRESS | | | |
| ST-ZIP | | 6.4 CITY-ST-ZIP | | | |

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:

SIGNATURE REQUIRED

8/31/99 954 916-9000

CR2E034 (5/99)