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FILED

Jan 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000082453 (8)

1. Corporation Name  
SANTRAY, INC.



Principal Place of Business

5570 W OAKLAND PARK BLVD  
~~801 BRICKELL AVENUE, SUITE 1501~~  
LAUDERHILL FL 33313  
US

Mailing Address

5570 W OAKLAND PARK BLVD  
~~801 BRICKELL AVENUE, SUITE 1501~~  
LAUDERHILL FL 33313-1412  
US

3. Date Incorporated or Qualified  
10/23/1995

3a. Date of Last Report  
07/01/1996

2. Principal Place of Business

21 5570 W. OAKLAND PARK BLVD  
Suite, Apt. #, etc.

2a. Mailing Address

26 5570 W. OAKLAND PARK BLVD  
Suite, Apt. #, etc.

4. FEI Number  
65-0619711

Applied For  
Not Applicable

22 City & State

23 LAUDERHILL, FL

27 City & State

28 LAUDERHILL, FL

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

24 Zip

33313

25 Country

USA

29 Zip

33313

30 Country

USA

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

9. Name and Address of Current Registered Agent

KRAUSE, DAVID M ESQ.  
HERZFELD & RUBIN  
801 BRICKELL AVENUE, SUITE 1501  
MIAMI FL 33131

10. Name and Address of New Registered Agent

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 (if not of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME WRAY, JON C  
STREET ADDRESS 5116 N W 84 TERRACE  
CITY - ST - ZIP LAUDERHILL FL

☐ DELETE

TITLE DVP  
NAME ELTZ, JOHN  
STREET ADDRESS 1700 CLEVELAND ST  
CITY - ST - ZIP HOLLYWOOD FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
JON C. WRAY

1/21/97

Date

947332420

Daytime Phone #

0072254

CR2E034 (9/96)