

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000095988 (8)

1. Corporation Name

GLADES IMAGING, INC.



Principal Place of Business

% RUDNICK & WOLFE
101 E. KENNEDY BLVD. SUITE 2000
TAMPA FL 33602

Mailing Address

% RUDNICK & WOLFE
101 E. KENNEDY BLVD. SUITE 2000
TAMPA FL 33602

3. Date Incorporated or Qualified
12/19/1985

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

BEYER, DAVID A
% RUDNICK & WOLFE
101 E. KENNEDY BLVD. SUITE 2000
TAMPA FL 33602

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 officer or director, and title, if applicable)

(DATE, Registered Agent signature and title, if applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PRZONEK, RICHARD L	
STREET ADDRESS	1160 HICKS PLACE	
CITY - ST - ZIP	BALDWIN NY 11510	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KALMANOWITZ, STUART	
STREET ADDRESS	8 VAN BUREN COURT	
CITY - ST - ZIP	HIGHLAND MILLS NY 10930	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D, S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	D, T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Alan Borozny
3.3 STREET ADDRESS	500 Executive Blvd., Suite 201
3.4 CITY - ST - ZIP	Ossining, NY 10562
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	500001799235
4.3 STREET ADDRESS	-04/29/96--01078--022
4.4 CITY - ST - ZIP	***200.00
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Stuart Kalmanowitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

(914) 923-4300

CR2E034 (12/95)