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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000096833 (5)

1. Corporation Name
ACCU-SCAN OF FLORIDA, INC.

Principal Place of Business
Mailing Address
267 SHALMAR DRIVE
SHALMAR FL 32579
SHALMAR FL 32579

FILED Mar 18 1998 8:00am Secretary of State



SHALIMAR FL 32579		SHALIMAR FL 32579		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 12/22/1995	
<del>-</del>		2a. Mailing Address			4. FEI Number 25-1387873	Applied For
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.		-	Not Applicab	
22		27		5. Certificate of Status Desired	Fee Required	
City & Stat	le	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	,	8. This corporation owes or has paid the cu	
24	25	29	30		Personal Property Tax due June 30.  1p. Name and Address of New Registered	Yes No
DIL	9, Name and Address of Curre	ut negistered Agent	81	Name	10. Name and Address of New Registered	Agent
PIMENTAL, LEROY G 267 SHALIMAR DR			Ľ.			
	KALIMAR FL 32579		82	Street Add	dress (P.O. Box Number is Not Acceptable)	
<b>V</b> 1.			83			
						los late out
			84	City	Fl	S5 Zip Code
SIGNATURE	Signature, typed or printed name of registered a				rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE			Change Addition
NAME	PIMENTAL, LEROY G		1.2 NAME			
STREET ADDRESS	267 SHALIMAR DRIVE		1.3 STREE	ADDRESS		
CITY-ST-ZIP	SHALIMAR FL 32579		1.4 CITY-	T-ZIP		
TITLE	FREET, LARRY	DELETE	2.1 TITLE			Change Addition
NAME OTDEET + DOOR OF	10 ALPINE DRIVE		2.2 NAME	1000000		
STREET ADDRESS CITY-ST-ZIP	COLUMBIA NJ 07832		2.3 STREE 2. 4 CITY-	ADDRESS	한 2년	
TITLE		DELETE	3.1 TITLE	31-211		Change Addition
NAME			3.2 NAME			
STREET ADDRESS	}		3.3 STREE	ADDRESS	•	
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME	]		4. 2 NAME	j		
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-1 5.1 TITLE	51-ZIP		☐ Change ☐ Additio
NAME			5.2 NAME			
STREET ADDRESS	1		J -	ADDRESS		
CITY-ST-ZIP			5.4 CITY-	5T - ZhP		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME	l l		
1 marie,	Į.		O.E TOWNE	)		
STREET ADDRESS CITY-ST-ZIP				ADDRESS		

4. I hereby certify that the information supplied with this filing does not quality 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

(Kont)

3-13-98 850

850-651-7923