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May 09 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 # P96000016945 (3)

1. Corporation Name

INTERCOASTAL IMAGING, INC.

Principal Place of Business

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

Mailing Address

% RUDNICK & WOLFE
101 EAST KENNEDY BLVD. SUITE 2000
TAMPA FL 33602-5149

3. Date Incorporated or Qualified

02/22/1996

3a. Date of Last Report

2. Principal Place of Business

21 1930 DAIRY ROAD

2a. Mailing Address

26 1801 CLINT MOORE RD

Suite, Apt. #, etc

22 STE B-9 OAKWOOD SQ.

Suite, Apt. #, etc

27 STE 204

City & State

23 West Melbourne FL

City & State

28 BOCA RATON FL

Zip

24 32904

Country

25 US

Zip

29 33487

Country

30 US

9. Name and Address of Current Registered Agent

BEYER, DAVID A
101 EAST KENNEDY BLVD.
SUITE 2000
TAMPA FL 33602

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME PRZONEK, RICHARD L
STREET ADDRESS 1160 HICKS PLACE
CITY-ST-ZIP BALDWIN NY 11510

DELETE

TITLE D
NAME KALMANOWITZ, STUART
STREET ADDRESS 8 VAN BUREN COURT
CITY-ST-ZIP HIGHLAND MILLS NY 10830

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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

1801 CLINT MOORE ROAD STE 204
BOCA RATON FL 33487

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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:

Stuart Kalmanowitz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97

Date

324-993-0333

Daytime Phone #

CR2E034 (9/96)