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Apr 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 # P96000030862 (2)

1. Corporation Name
X-RAY DUPLICATING, INC.



Principal Place of Business: 9476 JANICE LANE, LARGO FL 34643
Mailing Address: 9476 JANICE LANE, LARGO FL 33773-2519

3. Date Incorporated or Qualified: 04/03/1996
3a. Date of Last Report

2. Principal Place of Business: 21 9476 JANICE LANE, Suite, Apt. #, etc. 22 LARGO, FLORIDA, City & State 23 LARGO, FLORIDA, Zip 24 33773, Country 25 PINELLAS
2a. Mailing Address: 26 9476 JANICE LANE, Suite, Apt. #, etc. 27 LARGO, FLORIDA, City & State 28 LARGO, FLORIDA, Zip 29 33773, Country 30 PINELLAS
4. FEI Number: 59-3371780
5. Certificate of Status Desired: \$8.75 Additional Fee Required
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: DAFONTE, RICHARD J ESQ., 1000 BELCHER ROAD, SOUTH SUITE 2, LARGO FL 34641
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code (FL)

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] (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE JOUSTRA, TIMOTHY J	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1725 62ND TERRACE SOUTH	1.2 NAME	
STREET ADDRESS	ST. PETERSBURG FL 33712	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE KUENZLER, WALT W	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9476 JANICE LANE	2.2 NAME	
STREET ADDRESS	LARGO FL 34643	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: [Signature] DATE: 14-3-97 DAYTIME PHONE #: 813-586-4310

CR2E034 (9/96)