

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

FILED

Apr 22 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P96000064597 (3)**

1. Corporation Name  
**INTER-COUNTY IMAGING, INC.**



Principal Place of Business <b>1313 S MILITARY TRAIL SUITE 170 DEERFIELD BEACH FL 33442</b>	Mailing Address <b>1313 S MILITARY TRAIL SUITE 170 DEERFIELD BEACH FL 33442-7634</b>
--	---

3. Date Incorporated or Qualified <b>08/02/1996</b>	3a. Date of Last Report
4. FEI Number <b>65-0692800</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>22</b>	City & State <b>27</b>
Zip <b>23</b>	Country <b>28</b>
Country <b>25</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent <b>MCCULLOUGH, KATHRYN 3500 BLUE LAKE DRIVE POMPANO BEACH FL 33064</b>		10. Name and Address of New Registered Agent	
81 Name	<b>K.C. Camillucci</b>	82 Street Address (P.O. Box Number is Not Acceptable)	<b>(Same)</b>
83	<b>3500 BLUE LAKE DR</b>	84 City	<b>POMPANO BEACH, FL</b>
85 Zip Code	<b>33064</b>		

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 K.C. Camillucci (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P MCCULLOUGH, KATHRYN</b>	1.2 NAME	<b>K.C. CAMILLUCCI</b>
STREET ADDRESS	<b>3500 BLUE LAKE DRIVE</b>	1.3 STREET ADDRESS	<b>3500 BLUE LAKE DR</b>
CITY-ST-ZIP	<b>POMPANO BEACH FL 33064</b>	1.4 CITY-ST-ZIP	<b>POMPANO BEACH, FL 33064</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		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: Kathryn C. Camillucci Date 04/04/97 Daytime Phone # 783-8860

CR2E034 (9/96)