


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

FILED  
May 06 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P96000085265</b> 1. Corporation Name <p style="text-align: center;"><b>Summit Imaging, Inc.</b></p>			
Principal Place of Business <b>12037 Cortez Boulevard</b> <b>Brooksville, FL 34613</b>		Mailing Address <b>12037 Cortez Boulevard</b> <b>Brooksville, FL 34613</b>	
<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
<b>3. Date Incorporated or Qualified</b> 12/16/96		<b>3a. Date of Last Report</b>	
<b>4. FEI Number</b> 59-3404275		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>9. Name and Address of Current Registered Agent</b> <b>Gassman, Alan S.</b> <b>1245 Court Street</b> <b>Suite 102</b> <b>Clearwater, FL 34616</b>		<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
<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.</b> SIGNATURE _____ (NOTE: Registered Agent's signature required when reinstating) _____ DATE _____			
<b>12. OFFICERS AND DIRECTORS</b>			
12.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <input type="checkbox"/> DELETE <b>Gutierrez, Albert R.</b> <b>12037 Cortez Boulevard</b> <b>Brooksville, FL 34613</b>	<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b> 13.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY - ST - ZIP	
12.2 TITLE NAME STREET ADDRESS CITY - ST - ZIP	V <input type="checkbox"/> DELETE <b>Sokolik, Joel</b> <b>12037 Cortez Boulevard</b> <b>Brooksville, FL 34613</b>	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	
12.3 TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/T <input type="checkbox"/> DELETE <b>Nanni, Mark Douglas</b> <b>12037 Cortez Boulevard</b> <b>Brooksville, FL 34613</b>	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	
12.4 TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	
12.5 TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	
12.6 TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	
<b>14. I 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.</b>			
<b>SIGNATURE:</b> <i>Mark D. Nanni</i> <b>MARK D. NANNI</b> 4/29/97 715-2335(813)			

CR2E034 (9/96)