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FILED

Feb 04 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 # P96000092492 (3)

1. Corporation Name

IMAGING EQUIPMENT TECHNICAL SERVICE AND SUPPLY C  
ORPORATION

Principal Place of Business

3616 BROADWAY AVE  
FT MYERS FL 33901

Mailing Address

3616 BROADWAY AVE  
FT MYERS FL 33901-6805



3. Date Incorporated or Qualified  
11/07/1996

3a. Date of Last Report

4. FEI Number  
45-0719478

Applied For  
Not Applicable

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

2. Principal Place of Business

21 3642 South US 27  
Suite, Apt #, etc

22 Sebring, FL  
City & State

23 33870  
Zip

24 Country  
US

2a. Mailing Address

26 P O Box 6847  
Suite, Apt #, etc

27 Fort Myers, FL  
City & State

28 33911-6847  
Zip

29 Country  
US

9. Name and Address of Current Registered Agent

KAGAN, JOHN C  
3616 BROADWAY AVE  
FT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name  
Elizabeth P. Kagan  
82 Street Address (P.O. Box Number is Not Acceptable)  
4981 Lake Devonwood Drive  
83  
84 City  
Fort Myers FL  
85 Zip Code  
33908

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

Elizabeth P. Kagan

(NOTE: Registered Agent signature required when reinstating)

1/28/97  
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
STD	KAGAN, JOHN C	P O BOX 6847	FT MYERS FL 33911-6847	<input type="checkbox"/>
PD	KAGAN, ELIZABETH P	P O BOX 6847	FT MYERS FL 33911-6847	<input type="checkbox"/>
VD	BASILE, VICTOR C	2474 MCGREGOR BLVD	FT MYERS FL 33901	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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:

Elizabeth P. Kagan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/97 (941) 489-0993  
DATE DAYTIME PHONE #

0396132

CP2E034 (9/96)