

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

FILED

Feb 14 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 # P96000092697 (7)

1. Corporation Name
IMAGING EQUIPMENT CAPITAL CORPORATION

Principal Place of Business

3616 BROADWAY AVE
FT MYERS FL 33901

Mailing Address

3616 BROADWAY AVE
FT MYERS FL 33901-0005

3. Date Incorporated or Qualified
11/07/1996

3a. Date of Last Report

4. FEI Number
65-0718771

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 S. U.S. 27

Suite, Apt. #, etc.

22

City & State

23 Sebring, FL

Zip Country

24 33870 25

2a. Mailing Address

26 P.O. Box 6847

Suite, Apt. #, etc.

27

City & State

28 Fort Myers, FL

Zip Country

29 33911-6847 30

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)

3642 U.S. 27 South

83

84 City Sebring

FL

85 Zip Code 33870

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)

DATE 11/15/97

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME KAGAN, JOHN C
STREET ADDRESS P O BOX 6847 N/A
CITY-ST-ZIP FT MYERS FL 33911-6847

TITLE D ☐ DELETE

NAME KAGAN, ELIZABETH P
STREET ADDRESS P O BOX 6847 N/A
CITY-ST-ZIP FT MYERS FL 33911-6847

TITLE D ☐ DELETE

NAME BASILE, VICTOR C
STREET ADDRESS 2474 MCGREGOR BLVD
CITY-ST-ZIP FT MYERS FL 33901

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

\$165 BANK

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

11/15/97 (941) 489-0993

Date Daytime Phone

CR2E034 (9/96)