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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

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Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700001847 (7)

FILED Aug 17 1998 8:00am Secretary of State

SUPERIOR X-RAY	SERVICES, INC.						
Principal Place of Business Mailing Address							
1776 VILLAGE PARKWAY OULF BREEZE FL 32561 G46 ANCHORS ST. N.W.						DO NOT WRITE IN THIS SPACE	
€7 € ,5		22510				3. Date Incorporated or Qualified 01/02/1997	
FORT WALTON 2. Principal Place of Busin	REMOH, PL	20. Mailing Addres					
21		26. Maining Address				4. FEI Number Applied For Not Applied For Not Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, e	tc.			Certificate of Status Desired Sa.75 Additional Fee Regulred	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip 24	Country 25	Zip 29	30	intry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent	
SEE, BRYAN G JR				81	Name		
1776 VILLAGE PARKWAY GULF BREEZE FL 32561				82 Street Add		ddress (P.O. Box Number is Not Acceptable)	
				83			
				84	City	FL 85 Zip Code	
office or registered ag	ons of Sections 607.0502 ent, or both, in the State o h, and accept the obliga	of Florida. Such change	e was authorize	d by	the corpor	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered	
SIGNATURE							
Signature, typed	or printed name of registered agen OFFICERS AND		(NOTE Registered	d Age	ni signalute req	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PRESI		DELE		TLE		Change Addition	
			1.2 NAME 1.3 STREET ADDRESS		— • — ·		
STREET ADDRESS LTTG VILLAGE PARKIDAY 13					1.3 \$1	NONE	
CITY-ST-ZIP SULP	Breeze, A	32561	1.4 0				
TITLE				2.1 TITLE		Change Addition	
NAME			2.2 N	AME	}		
STREET ADDRESS			2.3 ST	REET	ADDRESS		
CITY-ST-ZIP			2.4C	ITY-S	17 - 71P		
TITLE		DELE	TE 3.1 TI	TLE		Change Addition	

CITY-S1-ZIP

6.4 CITY-S1-ZIP

4. 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 as explainmental annual report is trugtand 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 corpy ation of the receiver or trustne 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 aron an attachment with an addition.

3.2 NAME

4.1 TITLE

4. 2 NAME

51 TITLE

52 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

DELETE

DELETE

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY - S1 - ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

TITLE NAME

TITLE

NAME

Ro. 6 Com 10

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☐ Change

Change

Addition

Addition

☐ Addition