

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000003886 (3)  
1. Corporation Name

ADVANCED UNDERGROUND IMAGING, INC.

APPROVED  
AND  
FILED

98 OCT 16 PM 4:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 201 E. GOVERNMENT STREET PENSACOLA FL 32501		26 5991 Chester Ave.		01/14/1997	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 City & State		28 JACKSONVILLE FL		62-1671303	
24 Zip		29 32217		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ROARK, DONALD A  
201 E. GOVERNMENT STREET  
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83 City	84 Zip Code
	2000002668278-3		FL
	-10/20/98--01064--018		
	****550.00		

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D HAZOURI, THOMAS	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	12175 DIVIDING OAKS TRAIL WEST	1.2 NAME	
STREET ADDRESS	JACKSONVILLE FL 32223	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D WOODS, PARVIN	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	1216 SHADYLAND DRIVE	2.2 NAME	
STREET ADDRESS	KNOXVILLE TN 37919	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D CALLAHAN, JEFF	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	4222 STRATTON LANE	3.2 NAME	
STREET ADDRESS	OOLTEWAH TN 37363	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D MCCLAIN, N. LLOYD	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	11112 PLEASANT FORREST DRIVE	4.2 NAME	
STREET ADDRESS	KNOXVILLE TN 37922	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *[Signature]* **RECEIVED**

X 9/30/98 904-733-7324

CR2E034 (5/98)