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

NAME

STREET ADDRESS

SIGNATURE:

Block 12 or Block 13 if changed, or on

CITY-ST-ZIP

FILED Apr 20 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000025706 (7) IMAGING TECHNOLOGY CONSULTANTS, INC. Principal Place of Business Mailing Address 6034 SW 35TH ST 8034 SW 35TH ST MIRAMAR FL 33023 MIRAMAR FL 33023 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/17/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI, Number Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Žφ Country Country This corporation owes or has paid the current year latangible Personal Property Tax due June 30. Yes No 24 25 29 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **ELLIS. PATRICK** 6034 SW 35TH ST 82 Street Address (P.O. Box Number is Not Acceptable) MIRAMAR FL 33023 83 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, of 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 agriculture of the submitted of th SIGNATURE (NOTE Registered Agent signature required when reinstating) Signature, typed o of registered agent and title if applicable CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 11 TITLE TITLE **ELLIS. PATRICK** MALAF 1.2 NAME 6034 SW 35TH ST STREET ADDRESS 1.3 STREET ADDRESS MIRAMAR FL 33023 1.4 City-St-ZiP CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE Change 3 1 TITLE Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE Change Addition TITLE 6.1 TITLE

6.2 NAME

63 STREET ADDRESS

6.4 CITY - ST - ZIP 14. Thereby certify that the information supplied with this filling 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 cath, that I am an officer or director of the corporation or the reference or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Rick 13 or Rick 13 of chapter (or or present expensel) with an address.

Paterk W Gus

954.967-852 (