

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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90197 041 ***150.00

01/01/99

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000041209

1. Corporation Name
K & K IMAGING, INC.

Principal Place of Business
10031 CLEARY ROAD
PLANTATION FL 33324

Mailing Address
6535 AMBERJACK TERR
MARGATE FL 33063
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/08/1997

4. FEI Number
65-0766599
Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
21 5001 S. University Dr.

2a. Mailing Address
26 Same as #21

22 Suite, Apt. #, etc.
Suite J

27 Suite, Apt. #, etc.

23 City & State
Davie FL

28 City & State

24 Zip
33328

29 Zip
30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

D'AGOSTINO, JAMES V
10031 CLEARY ROAD
PLANTATION FL 33324

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
5001 S. University Drive
83 Suite J
84 City
Davie FL 85 Zip Code
33328

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

James V. D'Agostino

1-18-99

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	P	<input type="checkbox"/> DELETE
NAME	D'AGOSTINO, JAMES	
STREET ADDRESS	10031 CLEARY ROAD	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ROVNER, SUSAN	
STREET ADDRESS	10031 CLEARY ROAD	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	T	<input type="checkbox"/> DELETE
NAME	D'AGOSTINO, MICHELE	
STREET ADDRESS	10031 CLEARY BLVD	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D'Agostino, James	
1.3 STREET ADDRESS	5001 S. University Drive Ste J	
1.4 CITY-ST-ZIP	Davie, FL 33328	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Rovner, Susan	
2.3 STREET ADDRESS	5001 S. University Drive	
2.4 CITY-ST-ZIP	Davie, FL 33328	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D'Agostino, Michele	
3.3 STREET ADDRESS	5001 S. University Drive	
3.4 CITY-ST-ZIP	Davie, FL 33328	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: *Michele D'Agostino* Michele D'Agostino 1/18/99 954-753-7111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)