

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

03-10-1999 90197 041 ***150.00

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
Trust Fund Contribution ☐

\$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

2a. Mailing Address

21 5001 S. University Dr.

26 Same as #21

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite J

27

City & State

City & State

23 Davie FL

28

Zip

Zip

24 33328

29

Country

Country

25 USA

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 ☐ DELETE

P
NAME D'AGOSTINO, JAMES
STREET ADDRESS 10031 CLEARY ROAD
CITY-ST-ZIP PLANTATION FL 33324

1.1 TITLE ☒ Change ☐ Addition

P
1.2 NAME D'Agostino, James
1.3 STREET ADDRESS 5001 S. University Drive Ste J
1.4 CITY-ST-ZIP Davie, FL 33328

TITLE ☐ DELETE

VP
NAME ROVNER, SUSAN
STREET ADDRESS 10031 CLEARY ROAD
CITY-ST-ZIP PLANTATION FL 33324

2.1 TITLE ☒ Change ☐ Addition

VP
2.2 NAME Rovner, Susan
2.3 STREET ADDRESS 5001 S. University Drive
2.4 CITY-ST-ZIP Davie, FL 33328

TITLE ☐ DELETE

T
NAME D'AGOSTINO, MICHELE
STREET ADDRESS 10031 CLEARY BLVD
CITY-ST-ZIP PLANTATION FL 33324

3.1 TITLE ☒ Change ☐ Addition

T
3.2 NAME D'Agostino, Michele
3.3 STREET ADDRESS 5001 S. University Drive
3.4 CITY-ST-ZIP Davie, FL 33328

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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)

01/0189