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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000064175 (7)

BENNETT IMAGING, INC.

Principal	Place	of	Business
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Mailing Address

FILED Jan 23 1998 8:00am Secretary of State



(Interp	an a made on Basine	30	mamig / tobiood							
1814 NORTHEAST MIAMI GARDENS DRIVE STE 406 NORTH MIAMI BEACH FL 33179 1814 NORTHEAST MIAMI GARDENS DRIVE STE 406 NORTH MIAMI BEACH FL 33179										
110111	TI MITTING DEFICIT .					DO NOT WRITE IN THIS :	SPACE			
						3. Date Incorporated or Qualified				
						07/23/1997				
2. Prin	2. Principal Place of Business 2a. Mailing Address					4. FELNumber	A	pplied For		
21	-		26	—		1/20-10) PISK	_	ot Applicable		
	Suite, Apt. #, etc.		Suite, Apt. #, etc.	.				Additional		
22	- 1		27	27		5. Certificate of Status Desired		equired		
City	& State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip		Country	Zip	Cour	itry	8. This corporation owes or has paid the cur	rent year In	itangible		
24		25	29	30				□No		
	9. Nam	e and Address of Curre		1991		10. Name and Address of New Registered	Agent			
					B1 Name					
	COZZA, JOE				710					
	1814 NORTH	łeast miami gardei	NS DRIVE STE 406	Ţ	B2 Street Address (P.O. Box Number is Not Acceptable)					
	NORTH MIAI	MI BEACH FL 33179		L						
					B3					
				-	B4 City	FL	85 Zip	Code		
44.5			00 - 1007 1500 Fired Ot				Cabanaina	ito registered		
11. Pu	rsuant to the provi ice or registered a	isions of Sections 607.05 Ideas or both in the Stat	u∠ and 6u7.15u8, Florida Sta e of Florida. Such change wa	itutes, trie ab as authorized	ove-named c oroc ent vol	corporation submits this statement for the purpose of oration's board of directors. I hereby accept the app	ointment as	s registered		
ag	ent. I am familiar v	vith, and accept the obli	gations of, Section 607.0505,	Florida Statu	ites.	oration's board of directors. I hereby accept the app				
SIGNA										
UICITA	Signature, type	ed or printed nume of registered as	pent and title if applicable (N	NOTE Registered	Agent signature r	equired when reinstalling) DATE				
12.		OFFICERS AF	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12		
TITLE	DPV	· · · · · · · · · · · · · · · · · · ·	☐ DELET É	1.1 7970	.E		☐ Change	☐ Addition		
NAME		A, JOSEPH		1.2 NA	AE					
STREET AL		AND A CONTRACT AND A CONTRACT OF A CONTRACT AND A C			FET ADDRESS					
	HOOT	1 MIAMI BEACH FL 3								
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NAME				2.2 NA	AE					
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CITY-ST-	ZIP			2. 4 CB	Y-ST-ZIP					
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NAME				3.2 NA	AE					
STREET AL	DDRESS			3.3 STF	EET ADDRESS			ŀ		
CITY-ST-	Ī			3.4. 01	Y-\$T-7IP					
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NAME				4. 2 NA						
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CITY-ST-					Y-ST-ZIP					
TITLE	-		☐ DELETE	5.1 TITI			Change	Addition		
NAME				5.2 NA	NE					
STREET AL	DDRESS			5.3 STF	EET ADDRESS					
CITY-ST-					Y-ST-ZIP					
TITLE	27		DELETE	6.1 T(T)			Change	Addition		
NAME	1			6.2 NA		8000024111 -01/26/98010120		. 3251		
	ppores				EET ADDRESS	-01/26/980101201	J2 - 1	1		
STREET AL						***150.00		1. 1/4-		
CITY-ST-	ZIP			6.4 CII	Y-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.

CIGNATURE.