2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000077432 IMAGE INDEXING, INC. | Principal Place of Business Mailing Address 7601 E TREASURE DR 7601 E TREASURE DR PH 204 PH 204 NORTH BAY VILLAGE FL 33141-4372 NORTH BAY VILLAGE FL 33141 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip Country

...6.-Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

IRVINE. ROBERT

SIGNATURE

11.

TITLE NAME

TITLE

NAME

TITLE-

NAME

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

CITY-ST-ZIF

CITY-ST-ZIE

CITY-ST-7IP

CITY-ST-ZIF

4950 NW 73RD AVE. SUNRISE FL 33313

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so

ROSS, JOHN

4950 NW 73RD AVE.

SUNRISE FL 33313

4950 NW 73RD AVE.

SUNRISE FL 33313

4950 NW 73RD AVE.

SÚNRISE FL 33313

ROSS, PHILIPPA

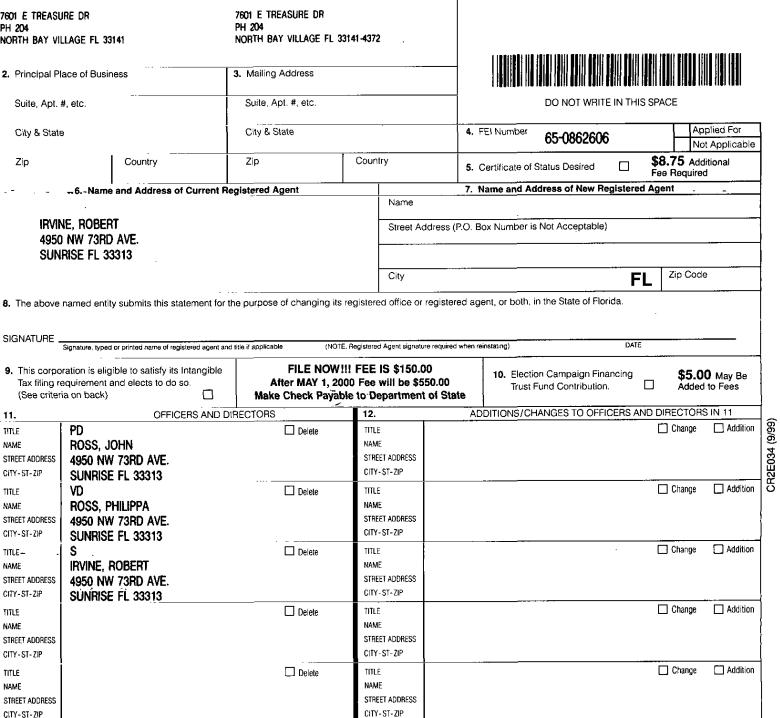
IRVINE, ROBERT

(See criteria on back)

PD

FILED May 17, 2000 8:00 am Secretary of State

05-17-2000 90987 001 ***150.00



13. I hereby 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 report or adoption that 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 11 or Block 12 if changed, or on an attachment with an addition, with all other like empowered.

Name

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

☐ Delete

☐ Delete

☐ Delete

☐ Delete

Delete

☐ Delete

12.

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

TITLE NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITI F NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

☐ Addition