SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

Jul 21, 1999 8:00 am Secretary of State 07-21-1999 90007 009 ***550.00

FILED

1999 DOCUMENT # P9800089305

IMAGE MANAGEMENT SYSTEMS AND SUPPORT CORP.

			_				! !][!! 	Bellf Bolot II			
Principal Place	of Business	Mailing Add	Iress								
C/O DR. REUVE	EN PORGES	C/O DR. RE	UVEN PORGES	3							
435 CENTER ISI			435 CENTER ISLAND DRIVE				DO NOT WRITE IN THIS SPACE				
GOLDEN BEACH	1 FL 33180	GOLDEN BE	ACH FL 33180	l		-	3. Date Incorporated or Qualified				7
							•				
							10/20/1998			- Und Fas	-
2. Principal Pl	ace of Business	2a. Mailing	Address	0	11		4. FEI Number		-	pplied For	Ⅎ
21		26 205	PO W	· 1/1x	IE Hu	-7	65-0882342			ot Applicable	4
Suite, Apt.	#, etc.	Suite, A	pt. #, etc.				5. Certificate of Status Desired			Additional	
22		27								equired	4
City & State	e	City & S	City & State 28 N. MIAMI BEACH, EL				6. Election Campaign Financing			May Be	
23		28 N.M.	AMI BE	ACH,	P -		Trust Fund Contribution		Added	to Fees	1
Zip	Country	Zip		L Čou	ıntry		8. This corporation owes the current	nt year _	, ,	_	
24	25	29 33	3180	30			Intangible Personal Property.			No	
	9. Name and Address of Curre	nt Registered Ag	jent			1	10. Name and Address of New Re	gistered /	Agent		
					81 Name						1
B&(c corporate services, inc) .			82 Street	Addrose	s (P.O. Box Number is Not Acceptab	le)	_	_	-
201	South Biscayne BLVD.				July Stieger	AUU1633	s (r.o. box Hamber to Hot / tocopias	,			
SUIT	E 3000				83						
MIAN	AI FL 33131								-1l <u></u>		4
					84 City			FL	85 Zip	Code	
			E11 0111	- Ab b			ion submits this statement for the pur		 anging its r	enistered	
office or (registered agent or both in the Stat	e of Florida. Such	change was a	autnonze	a by the corp	oration's	on submits this statement for the purps board of directors. I hereby accept	the appoir	tment as r	egistered	
agent. I a	am familiar with, and accept the obli	gations of, section	607.0505, FI	orida Sta	tutes.						
SIGNATURE.								DATE	_		1
	Signature, typed or printed name of registered ag	ent and title if applicable.	(N)		ered Agent sıgnatu	re required					⊸ ≅
						ile raquileu			DIRECT	ODG IN 12	٦×
12.		ND DIRECTORS		13.		i e raquileu	ADDITIONS/CHANGES TO OFFI				2/9
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				13.	TLE	e raquileu					034 (5/99
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6.3 STREET ADDRESS

14. I hereby certify that the information supplied with this filling these 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 arnual 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 in stee 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.