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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

	IMENT # S711 On Name NESS IMAGING TECHNOLO		(3)							
Principal Place of Business Mailing Address							OM DIGHT BIRTH DIĞİL U	FOLD DAVIE FOOT		
	ERSITY DRIVE	330	O UNIVERSITY DRI	VE						
# 525	PRINGS FL 33065		# 525 CORAL SPRING FL 33065				DO NOT WRITE IN THIS SPACE			
US US	THINGS FL 33003	US	nni orninu fil 33	XV03			3. Date Incorporated or Qualified		· · · · · · · · · · · · · · · · · · ·	
		30					08/06/1991			
⊢	Place of Business	2a. Ma	iling Address	~			4, FEI Number	Ar	plied For	
21	II at	26	. 4 1 %				65-0284482	~	ot Applicable	
Suite, Apt.	. #, OC.	F1	te, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Fee Re		
City & Stat	10	[27] Cit	y & State				6. Election Campaign Financing	\$5.00	<u> </u>	
23	••	28	,				Trust Fund Contribution	Added		
Zip	Country	Zip)	Cou	untry		B. This corporation owes or has paid the			
24	25	29		30			Personal Property Tax due June 30.	Yes 1	No	
	9. Name and Address of Curre	ent Registere	d Agent		1.2.1		10. Name and Address of New Registe	red Agent		
	SCHAFFEL, NEIL				81	Name				
	3300 UNIVERSITY DRIVE				82	Street Add	dress (P.O. Box Number is Not Acceptable)			
SUITE 525 CORAL SPRINGS FL 33065			ة ا		83					
					84	City		FL 85 Zip	Code	
	to the provisions of Sections 607.05 registered agent, or both, in the Statam familiar with, and accept the oblig	02 and 607.1 le of Florida. S gations of, Se	508, Florida Statu Such change was ction 607.0505, F	ites, the al authorize lorida Stat	hove d by tutes.	-named cor the corpora	poration submits this statement for the purporation's board of directors. I hereby accept the		s registered registered	
SIGNATURE	Signature typed or printed name of registered a	gent and tillout app	лкане (NO	H Bugistorn	d Agen	it signature requ	ired when reinstating) DA	jį		
12.	OFFICERS AT	ND DIRECTOR		13.			ADDITIONS/CHANGES TO OFFICERS			
TITLE	DP DP		[] DELETE	1.1 11	IILE				Addition 1	
	SCHAFFEL, NEIL 3300 UNIVERSITY DRIVE,	NAME SCHAFFEL, NEIL						Change	,	
STREET ADDRESS		CHITE EAR		1.2 N		TO DO TO CO		L_] Change		
OITY OF THE		SUITE 525		1.3 \$1	TALET A	ADDRESS		∟_ Change		
CITY-ST-ZIP	CORAL SPRINGS FL	SUITE 525	DELETE	1.3 ST	TREET A	\			Addition	
TITLE	CORAL SPRINGS FL DS	SUITE 525	☐ DELETE	1.3 ST 1.4 C(2.1 T)	THEET A ITY-ST ITLE	\		☐ Change	Addition	
	CORAL SPRINGS FL DS SCHAFFEL, NANCY		☐ DELETE	1.3 ST 1.4 C(2.1 T) 2.2 N/	THEET A (TY-ST (TLF AME	\	· · · · · · · · · · · · · · · · · · ·		Addition	
TITLE NAME	CORAL SPRINGS FL DS		☐ DELETE	1.3 ST 1.4 CO 2.1 TO 2.2 N/ 2.3 ST	THEET A (TY-ST (TLF AME	-7IP Address			Addition	
TITLE NAME STREET ADDRESS	DS SCHAFFEL, NANCY 3300 UNIVERSITY DRIVE,		DELETE	1.3 ST 1.4 CO 2.1 TO 2.2 N/ 2.3 ST	THEET A ITY-ST ITLE AME IREET A	-7IP Address			☐ Addition	
TITLE NAME STREE1 ADDRESS CITY-ST-ZIP	DS SCHAFFEL, NANCY 3300 UNIVERSITY DRIVE,			1.3 ST 1.4 CO 2.1 TI 2.2 N/ 2.3 ST 2.4 C	THEET A ITY-ST ITLE AME IREET A CITY-ST ITLE	-7IP Address		☐ Change		
TITLE NAME STREE1 ADDRESS CITY-ST-ZIP TITLE NAME STREE1 ADDRESS	DS SCHAFFEL, NANCY 3300 UNIVERSITY DRIVE,			1.3 SI 1.4 CI 2.1 TI 2.2 N/ 2.3 SI 2.4 C 3.1 TI 3.2 N/ 3.3 SI	THEET A ITY-ST ITLE AME IREET A ITY-ST ITLE AME IREET A	-7IP ADDRESS 1-2IP ADDRESS		☐ Change		
TITLE NAME STREE1 ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SCHAFFEL, NANCY 3300 UNIVERSITY DRIVE,		□ ĎEĴĒTE	1.3 S1 1.4 C0 2.1 T) 2.2 N/ 2.3 S1 2.4 C 3.1 TI 3.2 N/ 3.3 S1 3.4 C	THEET A TY-ST TLE AME TREET A TILE AME TREET A TREET A TREET A TREET A	-7IP ADDRESS 1-2IP ADDRESS		Change	☐ Addition	
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TITLE NAME STREEI ADDRESS CITY-ST-ZIP TITLE NAME STREEI ADDRESS CITY-ST-ZIP TITLE NAME	DS SCHAFFEL, NANCY 3300 UNIVERSITY DRIVE,		□ ĎEĴĒTE	1.3 ST 1.4 CC 2.1 Tr 2.2 M/ 2.3 ST 2.4 C 3.1 Tr 3.2 M/ 3.3 ST 3.4 C 4.1 Tr 4.2 M/	THEET A TTY- ST THE AME TREET A THE AME TREET A THE TREET A THE TREET A THE TREET A	- 7HP ADDRESS 1 - ZHP ADDRESS 1 - ZHP		Change	☐ Addition	
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TITLE NAME STREEI ADDRESS CITY-ST-ZIP TITLE NAME STREEI ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SCHAFFEL, NANCY 3300 UNIVERSITY DRIVE,		☐ DELETE	13 ST 14 CC 21 Tr 22 N/ 23 ST 2.4 C 3.1 Tr 3.2 N/ 3.3 ST 3.4 C 4.1 Tr 4.2 N/ 4.3 ST 4.4 CC	THEET A ITY-ST ITLE AME ITREET A ITLE AME ITREET A ITLE ITLE ITLE ITLE ITLE ITLE ITLE ITLE	- 7/P ADDRESS 1- ZIP ADDRESS 1- 7/P ADDRESS		☐ Change ☐ Change ☐ Change	Addition Addition	
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14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted 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

FILED

Jan 20 1998 8:00am

Secretary of State