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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V27778

1. Corporation Name

STATEWIDE IMAGING, INC.

0: 1:01												
Principal Place	e of Business	Mailing Address				-					.,	
2620 N. AUSTR	ALIAN AVE.	2620 N. AUSTRALIAN AVE.										
SUITE 111		SUITE 111					DO NOT MOITE IN THE COACE					
WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33			33407	07			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed					
						3		or Qualifed				
		T &					04/08/1992 FEI Number				A 0	
2. Principal Pi	2a. Mailing Address	failing Address			4				\rightarrow		ed For	
21		26					65-0331154		<u></u>			Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5	. Certifcate of Statu	ıs Desired		\$8.79 Fee	Aac Requ	
City & State	e	City & State				-	. Election Campaig	n Financing		\$5.0	00 Ma	av Be
23		28					Trust Fund Contri	-			ed to F	, ,
Zip	Country	Zip	Cou	untry			. This corporation of		rent vear Inta	angible		
24	25	29	30	•		"	Personal Property		rom your me	Yes]No
24	9. Name and Address of Current		130	T		10	. Name and Addre		Registered	Agent		
				81	Name							
NAAI	r, claude						···					
	N. AUSTRALIAN AVENUE			82	Street /	Address (P.O. Box Number is	Not Accept	able)			
	E 111			83						_		
	T PALM BEACH FL 33407			33								ì
20	, , , , , , , , , , , , , , , , , , , ,			84	City					85 Z	ip Cod	de
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11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familia-with, and accept the obligation	and 607,1508, Florida Sta Florida, Such change wa	itutes, the a s authorize	above d by f	e-named the corpo	corporation s b	on supmits this state loard of directors. I	ement for the hereby acce	e purpose of of the appoin	спапдіпд ntment as	its reg regis	gisterea tered
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

May 03, 1999 8:00 am Secretary of State

05-03-1999 90122 004 ***300.00