FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JAN 25 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V67384 (0)

1. Corporation Name
DAS IMAGING SYSTEMS, INC.

Principal Place of Business	Mailing Address
3435 GALT OCEAN DRIVE FORT LAUDERDALE FL 33308	3435 GALT OCEAN DRIVE FORT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/25/1992
3a. Date of Last Report: 07/05/1994

2. Principal Place of Business	2a. Mailing Address
21 5300 Powerline Road	26 5300 Powerline Road
Suite, Apt. #, etc. 22 Ste 209	Suite, Apt. #, etc. 27 Ste 209
City & State 23 Ft Lauderdale FL	City & State 28 Ft Lauderdale FL
Zip 24 33309 Country 25 USA	Zip 29 33309 Country 30 USA

4. FEI Number: 65-0374573 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCCRAW, P. DOUGLAS DAS IMAGING SYSTEMS INC. 3435 GALT OCEAN DR. FORT LAUDERDALE FL 33308	81 Name: P. DOUGLAS Mc CRAW 82 Street Address (P.O. Box Number is Not Acceptable): 5300 POWERLINE ROAD 83 Suite 209 84 City: Ft Lauderdale FL 85 Zip Code: 33309

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPC	1.1 TITLE	☑ Change ☐ Addition
NAME	MCCRAW, P. DOUGLAS	1.2 NAME	
STREET ADDRESS	3435 GALT OCEAN DR.	1.3 STREET ADDRESS	5300 POWERLINE RD, STE 209
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	33309
TITLE	ST	2.1 TITLE	☑ Change ☐ Addition
NAME	MCCRAW, P. DOUGLAS	2.2 NAME	
STREET ADDRESS	3435 GALT OCEAN DR.	2.3 STREET ADDRESS	5300 POWERLINE RD, STE 209
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	33309
TITLE	D	3.1 TITLE	☑ Change ☐ Addition
NAME	MCCRAW, P. DOUGLAS	3.2 NAME	
STREET ADDRESS	3435 GALT OCEAN DR.	3.3 STREET ADDRESS	5300 POWERLINE RD, STE 209
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	33309
TITLE	D	4.1 TITLE	☑ Change ☐ Addition
NAME	MCCRAW, P. DOUGLAS	4.2 NAME	
STREET ADDRESS	3435 GALT OCEAN DR.	4.3 STREET ADDRESS	5300 POWERLINE RD, STE 209
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	33309
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] 1/19/95 305-493-7747
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Telephone Number

0015974 CP