FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V67384** **(0)**

1. Corporation Name

DAS IMAGING SYSTEMS, INC.

Principal Place of Business	Mailing Address
5300 POWERLINE ROAD STE 209 FORT LAUDERDALE FL 33309 US	5300 POWERLINE ROAD STE 209 FORT LAUDERDALE FL 33309 US

3. Date Incorporated or Qualified: 09/25/1992
3a. Date of Last Report: 01/25/1995

2. Principal Place of Business:
21 3435 Galt Ocean Dr
22 Suite, Apt. #, etc
23 City & State: FT LAUDERDALE FL
24 Zip: 33308
25 Country

2a. Mailing Address:
26 PO BOX 6654
27 Suite, Apt. #, etc
28 City & State: LIGHTHOUSE POINT FL
29 Zip: 33074
30 Country

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

MCCRAW, P. DOUGLAS
5300 POWERLINE ROAD
SUITE 209
FORT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 3435 Galt Ocean Drive
83
84 City: FL 85 Zip Code: 33308

11. Pursuant to the provisions of Sections 617.0502 and 607.1508, 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

Signature, typed or printed name of individual with authority to sign on behalf of corporation | (if CR, Registered Agent signature required for reinstatement) | DATE

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

CR2E034 (12/95)

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 added in an attachment with an address.

SIGNATURE: [signature] P. Douglas McCraw 1/22/96 954-566-0805

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #