

**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 # F95000005205

1. Corporation Name

Image Conversion Systems, Inc.

Principal Place of Business Mailing Address  
Image Conversion Systems, Inc.  
4920 W. Cypress St.  
Suite 109  
Tampa, FL 33607

3. Date Incorporated or Qualified 3a. Date of Last Report  
Sept. 22, 1995

2. Principal Place of Business 2a. Mailing Address  
21 Image Conversion Systems 26  
Suite, Apt #, etc Suite, Apt #, etc  
22 717 W. Algonquin Rd. 27  
City & State City & State  
23 Arlington Heights, IL 28  
Zip Country Zip Country  
24 60005 25 Cook 29 30

4. FEI Number Applied For  
36-404-1975 Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Effect on Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
Lexis Document Services, Inc.  
3953 W. Kelley Road  
Tallahassee, FL 32311

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Numbers Not Acceptable)  
B3  
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-appointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO, President <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Messinger	1.2 NAME	
STREET ADDRESS	717 W. Algonquin Rd.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Arlington Heights, IL 60005	1.4 CITY-ST-ZIP	
TITLE	CEO, Pres. <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	J. E. Hendricks	2.2 NAME	
STREET ADDRESS	717 W. Algonquin Rd.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Arlington Heights, IL 60005	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	500001828396 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	-05/20/96--01025--021
STREET ADDRESS		5.3 STREET ADDRESS	***200.00
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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: J. E. Hendricks 4/25/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (12/95)

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