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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K39823

(5)

FILED					
Jun 24	1997	8:00am			
Secre	tary c	of State			

C.B.R. MEDICAL INC.  Principal Place of Business Mailing Address  *** CHRISTOPHER B. RAMSEY 1712 BROOKSIDE ST NE 1712 BROOKSIDE ST NE PALM BAY FL 32907  PALM BAY FL 32907-2439					
	• •			<ol> <li>Date Incorporated or Qualified</li> <li>10/19/1988</li> </ol>	3a. Date of Last Report 05/01/1996
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	<u> </u>	26		65-0077439	Not Applicable
Şuite, Apt	₩, eiç.	Suite, Apt. #, etg.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	le	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	or intangible tax under s. 199.032,
24	25	29	30		Yes No
	9. Name and Address of Curren	t Hegistereo Agent	81 Name	10. Name and Address of New F	egistered Agent
RAN	ISEY, CHRISTOPHER B		-   -   -		
	2 BRÒOKSIDE ST. N. M BAY FL 32907	•	82 Stroot	Address (P.O. Box Number is Not Accept	able)
Table	M DAI 15 ODDO		63		
			84 City		FL 85 Zip Code
SIGNATURE	Signature, typed or punted name of registered ages		OTE: Registered Agent signature	required when reinstating)  ADDITIONS/CHANGES TO OFF	DATE
TITLE	<b>√P</b>	DELETE	1.1 TALE		Change Addition
NAME	RAMSEY, SUSAN M		1.2 NAME		
STREET ADDRESS	1712 BROOKSIDE ST. NE		1.3 STREET ADDRESS		
ÇITY - ST - ZIP TITLE	PALM BAY FL	DELETE	1.4 CITY - ST - ZIP 2.1 TIYLE		Change Addition
NAME	RAMSEY, CHRISTOPHER B		22 NAME		T average T vinesium
STREET ADDRESS	1712 BROOKSIDE ST. NE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL		2. 4 CITY - S1 - ZIP		
TITLE		☐ DELETE	3.1 THEE		Change  Addition
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	4.4 DTY - ST - ZIP 5.1 TITLE		Change Addition
NAME		- vecent	5.2 NAME		E Stango E Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY- S1 - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	by certify that the information cumplied	Luith this filing doos not au	6.4 CITY-ST-ZIP	stated in Section 119 07/3/(i) Florida Statu	toe. I further cortify that the

I do nereby 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 frustee 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.

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