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Mar 12 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000030539 (8)

1. Corporation Name
BIOMECHANICAL TRAUMA ASSOCIATES, INC.



Principal Place of Business: 1167 HILLSBORO MILE, 616-F, HILLSBORO BEACH FL 33062, US
Mailing Address: 1167 HILLSBORO MILE, 616-F, HILLSBORO BEACH FL 33062-1622, US

3. Date Incorporated or Qualified: 04/21/1994
3a. Date of Last Report: 04/23/1996

2. Principal Place of Business
2a. Mailing Address

4. FEI Number: 65-0488135
Applied For: Not Applicable

21. State, Apt. #, etc.
26. Suite, Apt. #, etc.

5. Certificate of Status Desired: \$8.75 Additional Fee Required

22. City & State
27. City & State

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

23. Zip
28. Zip

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

24. Country
25. Country
29. Country
30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORSO, NANCY
1167 HILLSBORO MILE #616
HILLSBORO BEACH FL 33062

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

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 reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: D
2. NAME: CORSO, NANCY
3. STREET ADDRESS: 1167 HILLSBORO MILE #616
4. CITY - ST - ZIP: HILLSBORO BEACH FL 33062
5. DELETE:

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
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5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/11/97
Daytime Phone #

CR2E034 (9/96)