

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

**FILED**

**May 12 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000061388 (1)**  
 1. Corporation Name  
**AIKO-MED, INC.**



Principal Place of Business <b>1500 NORTHWEST 3RD STREET SUITE 105 DEERFIELD BEACH FL 33442</b>	Mailing Address <b>1500 NORTHWEST 3RD STREET SUITE 105 DEERFIELD BEACH FL 33442-1608</b>
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3. Date Incorporated or Qualified <b>08/09/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>65-0612462</b>	Applied For Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>6601 LYONS RD</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>6601 LYONS RD.</b> Suite, Apt. #, etc.
22 <b>SUITE I-10</b> City & State	27 <b>SUITE I-10</b> City & State
23 <b>COCONUT CREEK, FL</b> Zip Country	28 <b>COCONUT CREEK, FL</b> Zip Country
24 <b>33073</b> 25	29 <b>33073</b> 30

9. Name and Address of Current Registered Agent  
**EDWARDS, ROBERT J JR  
1500 N.W. 3RD ST.  
SUITE 105  
DEERFIELD BEACH FL 33442**

10. Name and Address of New Registered Agent

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

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

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>EDWARDS, ROBERT J JR.</b>
STREET ADDRESS	<b>1500 NORTHWEST 3RD STREET, SUITE 105</b>
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33442</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>WESTON, SANDRA F</b>
STREET ADDRESS	<b>1500 NORTHWEST 3RD STREET, SUITE 105</b>
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33442</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>12914 HYLAND CIRCLE</b>
1.4 CITY-ST-ZIP	<b>ROCKY HAVEN, FL 33428</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>V.P., DIRECTOR</b>
2.3 STREET ADDRESS	<b>STEVEN WESTON</b>
2.4 CITY-ST-ZIP	<b>6601 LYONS RD. STE I-10</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>V.P., DIRECTOR</b>
3.3 STREET ADDRESS	<b>MARK KRAEMER</b>
3.4 CITY-ST-ZIP	<b>2795 VIA BAYA LANE</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>JACKSONVILLE, FL 32223</b>
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, changed, or on an attachment with an address.

SIGNATURE: **ROBERT J EDWARDS JR.** Date: **5/12/97** Daytime Phone #: **954 426-1919**

CR2E034 (9/96)