

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

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

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



Principal Place of Business 1500 NORTHWEST 3RD STREET SUITE 105 DEERFIELD BEACH FL 33442	Mailing Address 1500 NORTHWEST 3RD STREET SUITE 105 DEERFIELD BEACH FL 33442-1608
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3. Date Incorporated or Qualified 08/09/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0612462	Applied For Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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 6601 LYONS RD Suite, Apt. #, etc.	2a. Mailing Address 26 6601 LYONS RD. Suite, Apt. #, etc.
22 SUITE I-10 City & State	27 SUITE I-10 City & State
23 COCONUT CREEK, FL Zip Country	28 COCONUT CREEK, FL Zip Country
24 33073 25	29 33073 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	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

TITLE	D <input type="checkbox"/> DELETE
NAME	EDWARDS, ROBERT J JR.
STREET ADDRESS	1500 NORTHWEST 3RD STREET, SUITE 105
CITY - ST - ZIP	DEERFIELD BEACH FL 33442
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	WESTON, SANDRA F
STREET ADDRESS	1500 NORTHWEST 3RD STREET, SUITE 105
CITY - ST - ZIP	DEERFIELD BEACH FL 33442
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	12914 HYLAND CIRCLE
1.4 CITY - ST - ZIP	ROCKY HAVEN, FL 33428
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	STEVEN WESTON
2.3 STREET ADDRESS	6601 LYONS RD. STE I-10
2.4 CITY - ST - ZIP	COCONUT CREEK, FL 33073
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MARK KRAEMER
3.3 STREET ADDRESS	2795 VIA BAYA LANE
3.4 CITY - ST - ZIP	JACKSONVILLE, FL 32223
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
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)