

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

FILED
Jan 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000096387 (2)
 1. Corporation Name
OPTIMA MEDICAL TECHNOLOGIES, N.A. INC.



Principal Place of Business 644 JUBILEE STREET MELBOURNE FL 32940	Mailing Address 644 JUBILEE STREET MELBOURNE FL 32940
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 []	26 []
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 []	27 []
City & State	City & State
23 []	28 []
Zip	Zip
Country	Country
24 []	25 []
29 []	30 []

3. Date Incorporated or Qualified 12/18/1995	
4. FEI Number 59-3363600	Applied For <input type="checkbox"/> Not Applicable
5. 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

TAYLOR, JOHN F
644 JUBILEE STREET
MELBOURNE FL 32940

10. Name and Address of New Registered Agent

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

TITLE	D <input type="checkbox"/> DELETE
NAME	TAYLOR, JOHN F
STREET ADDRESS	644 JUBILEE STREET
CITY-ST-ZIP	MELBOURNE FL 32940
TITLE	D <input type="checkbox"/> DELETE
NAME	TAYLOR-LEVECQUE, THERESA
STREET ADDRESS	26 CLIFFORD STREET
CITY-ST-ZIP	WESTBROOK MA 04092
TITLE	D <input type="checkbox"/> DELETE
NAME	PISARRA, JOSEPH B
STREET ADDRESS	8001 KERRY LANE
CITY-ST-ZIP	CHEVY CHASE MD 20815
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	[]
1.3 STREET ADDRESS	[]
1.4 CITY-ST-ZIP	[]
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	[]
2.3 STREET ADDRESS	[]
2.4 CITY-ST-ZIP	[]
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	[]
3.3 STREET ADDRESS	[]
3.4 CITY-ST-ZIP	[]
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 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 _____

CR2E034 (10/97)