

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

FILED
Apr 14 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 # P97000011231 (2)
 1. Corporation Name
AMERICAN BAROMEDICAL CORPORATION



Principal Place of Business 1140 CHERYL RD WEST PALM BEACH FL 33417	Mailing Address 1140 CHERYL RD WEST PALM BEACH FL 33417
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/29/1997	
2. Principal Place of Business 21 1140 Cheryl Road Suite, Apt. #, etc.	2a. Mailing Address 26 1140 Cheryl Road Suite, Apt. #, etc.
22 City & State 23 West Palm Beach, FL	27 City & State 28 West Palm Beach, FL
24 Zip 33417	25 Country Palm Beach
29 Zip 33417	30 Country Palm Beach
4. FEI Number 65-0813747	
5. Certificate of Status Desired <input checked="" 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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LOCKLEAR, KENNETH R 1140 CHERYL RD WEST PALM BEACH FL 33417		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE P, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JACOBSEN, BARRY C		1.2 NAME Jacobsen, Barry C.	
STREET ADDRESS 1140 CHERYL RD		1.3 STREET ADDRESS 1140 Cheryl Rd.	
CITY-ST-ZIP WEST PALM BEACH FL 33417		1.4 CITY-ST-ZIP West Palm Beach, FL 33417	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE CEO, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LOCKLEAR, KENNETH R		2.2 NAME Locklear, Kenneth R.	
STREET ADDRESS 1140 CHERYL RD		2.3 STREET ADDRESS 1140 Cheryl Rd.	
CITY-ST-ZIP WEST PALM BEACH FL 33417		2.4 CITY-ST-ZIP West Palm Beach, FL 33417	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **Kenneth R. Locklear** **Kenneth R. Locklear, CEO** **4/1/98** **(561)640-4546**

CR2E034 (10/97)