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US33310

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000011231**

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/29/1997	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number 65-0813747		
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 the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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

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

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 *Kenneth R. Locklear, Pres. & CEO*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE **1/4/99**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PS	<input checked="" type="checkbox"/>
NAME	JACOBSEN, BARRY C	
STREET ADDRESS	1140 CHERYL RD	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	TCEO	<input type="checkbox"/>
NAME	LOCKLEAR, KENNETH R	
STREET ADDRESS	1140 CHERYL RD	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	Secretary/Treasurer	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Heather Locklear		
1.3 STREET ADDRESS	1140 Cheryl Road		
1.4 CITY-ST-ZIP	West Palm Beach, FL 33417		
2.1 TITLE	President/CEO	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Kenneth R. Locklear		
2.3 STREET ADDRESS	1140 Cheryl Rd		
2.4 CITY-ST-ZIP	West Palm Beach, FL 33417		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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, with all other like empowered.

SIGNATURE: *Heather R. Locklear* 1/4/99 561-640-4546
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)