

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

FILED

**Jan 20 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000039193 (2)
1. Corporation Name
HEALTHCARE EQUIPMENT TRADER INTERNATIONAL, INC.



Principal Place of Business Mailing Address
703 COURT ST. CLEARWATER FL 34616-5507

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 **10641 1st. Street E., Suite 204** 22 **Suite 204**
23 **TREASURE ISLAND, FL** 27 **SAME**
24 **33706** 25 **FLORIDA** 29 **33706** 30 **FLORIDA**

3. Date Incorporated or Qualified
05/01/1997
4. FEI Number **59-2650973** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**JENNINGS, THOMAS C III
703 COURT ST.
CLEARWATER FL ~~34616-5507~~ 33756-5507**

10. Name and Address of New Registered Agent
81 Name **AL POLLOCK**
82 Street Address (P.O. Box Number is Not Acceptable) **10641 1st. Street E.**
83 **Suite 204**
84 City **TREASURE ISLAND** FL 85 Zip Code **33706**

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 **AL POLLOCK** (NOTE: Registered Agent signature required when reinstating) **Al Pollock** DATE **1/19/98**

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	MARTIN DRILLICH	
STREET ADDRESS	10641 1st. Street E. #204	
CITY-ST-ZIP	TREASURE ISLAND, FL 33706	
TITLE	AL POLLOCK - Secretary	<input type="checkbox"/> DELETE
NAME	AL POLLOCK	
STREET ADDRESS	10641 1st. Street E. #204	
CITY-ST-ZIP	TREASURE ISLAND, FL 33706	
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: **Al Pollock** **Al Drillich** **1/19/98** **813-367-6801**

CR2E034 (10/97)