SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700083643 (1)

FALK PROSTHETICS & ORTHOTICS, INC.

Principal Place of Business 166 AMHERST LANE LAKE WORTH FL 33467 Malling Address

166 AMHERST LANE LAKE WORTH FL 33467 FILED Aug 26 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

					20,10.11		
ii					3. Date Incorporated or Qualified 09/25/1997		
2. Principal P	lace of Business	2a. Mailing Address	1		4 4, FEI Number	Applied For	
21 4983 West Atlantic Ave 26 4983 West				infi.	A1 65-0785812	Not Applicable	
	Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 Additional	
22 27					5. Certificate of Status Desired	Fee Required	
City & State				151	6. Election Campaign Financing	\$5.00 May Be	
23 1761/0	14 Deach LA	28 Delray Brus		1-6	Trust Fund Contribution	Added to Fees	
24 3341	Country 25		Country			Yes No	
-	9. Name and Address of Current I	Registered Agent	81	,	10. Name and Address of New Registered	Agent	
FALK, DAVID L				Name			
168 AMHERST LANE LAKE WORTH FL 33467				Street A	ddress (P.O. Box Number is Not Acceptable)		
			83	1			
			84	City	FI	85 Zip Code	
11. Pursuant	to the provisions of sections 607 0502 a	and 607.1508. Florida Statutes	the above	-named co	propration submits this statement for the purpose of c	hanging its registered	
office or	regi ster ed agent, or both, in the State of am f am lliar with, and accept the obligation	l Florida. Such change was aut	thorized by	the corpo	profition's board of directors. I hereby accept the appo	Intment as registered	
SIGNATURE	Signature, typed or printed name of registered agent as	nd title if applicable. INOTE	: Registered	gent signature	required when reinstating) DATE		
12.	······································		13.		The state of the s	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		DELETE	1.1 TITLE		Dunar	Change Addition	
NAME			1.2 NAME		David Falle 166 Amherst Lune 1915c Worst FL 33467		
STREET ADDRESS			1.3 STREE	ADDRESS	166 Amherst Lune		
CITY-ST-ZIP			1.4 CITY-ST-2iP		UKC WOLL FL 33467	•	
TITLE		DELETE	2.1 TITLE			Change Addition	
NAME		- -	2.2 NAME			- · · · · · · · · · · · · · · · · · · ·	
STREET ADORESS	2.35		2.3 STREE	ADDRESS			
CITY-ST-ZIP		2.4		T-ZIP	The section		
TITLE	DELETE 31T		3 1 TITLE			Change Addition	
NAME			3.2 NAME.			-	
STREET ADDRESS			3.3 STREE	ADDRESS			
CITY-ST-ZIP			3.4 CITY-S	T-ZIP			
TITLE	DELETE		4.1 TITLE			Change Addition	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREE	ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE	DELETE 5.1 T		5.1 TITLE		Change Addition		
NAME			5.2 NAME	ļ	1000026257 -08/26/9801083	(51	
STREET ADDRESS			5.3 STREE	ADDRESS		U4 ८	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	***158.75		
TITLE		DELETE	6.1 TITLE			Change Addition	
NAME			6.2 NAME	l		<i>t.</i> .	
STREET ADDRESS			6.3 STREE	ADDRESS		6 0. 76	
CiTY-ST-ZIP			64 CITY-S	r.zie		1.46.	

14. I hereby certify that the Information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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, o) on an attachment with an address.

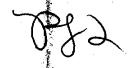
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0/2/98 Call V45-504

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Falk Prosthetics & Orthotics, Inc.

4983 W. Atlantic Ave. Delray Beach, FL 33445 (561) 495-5040 • Fax: (561) 495-0034

August 3, 1998

Division Of Corporations P.O. Box 6327 Tallahassee FL 32314

Dear Sirs:

I have received a second notice for the Corporation Annual Report. I never received the primary request and I feel that I should not have to pay the \$400,00 late fee. I keep of top of all my payables and do not consider this a mistake on my part. I appreciate your consideration on this matter.

Thank you.

Yours truly,

David L. Falk CPO,C.Ped