

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).

FILED
 Aug 17 1998 8:00am
 Secretary of State

0029712

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000105243 (4)
 1. Corporation Name
VANTAGE MEDICAL INC.



Principal Place of Business 840 CORAL RIDGE DRIVE #101 CORAL SPRINGS FL 33071	Mailing Address 840 CORAL RIDGE DRIVE #101 CORAL SPRINGS FL 33071
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3700 NW 124th AVENUE Suite, Apt. #, etc. 22 113 City & State 23 CORAL SPRINGS, FL		2a. Mailing Address 26 3700 NW 124th AVENUE Suite, Apt. #, etc. 27 113 City & State 28 CORAL SPRINGS FL		3. Date Incorporated or Qualified 12/15/1997	
24 33065		25 DADEWAY		29 33065	
29 33065		30 BROWARD		4. FEI Number 65-0802498 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		6. 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 YOCHUM, TERRY 840 CORAL RIDGE DRIVE CORAL SPRINGS FL 33071				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	

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 TERRY YOCHUM	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PRESIDENT		1.2 NAME	
STREET ADDRESS 840 Coral Ridge Dr. # 101		1.3 STREET ADDRESS	
CITY-ST-ZIP CORAL SPRINGS, FL 33071		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
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: _____ DATE: **7/11/98** (954) 346-8331

CR2E034 (5/98)

CREATIVE ACCOUNTING & TAX SERVICES, INC.

3300 University Drive - Suite 504
Coral Springs, FL 33065 - 4131
954-346-3200
Fax: 755-8672

Joel E. Jacobson .
President

July 11, 1998

Florida Dept. of State
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

re: **Vantage Medical Inc.** **P97000105243(4)**

To Whom It May Concern:

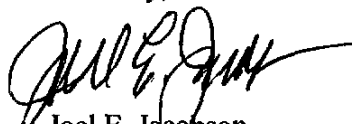
Enclosed is the Annual Report for the above captioned corporation and a check in the amount of \$150.00.

We request that the penalty of \$400.00 not be assessed for the following reason.

Taxpayer moved to a new office location and never received the initial form in the mail. No forms were even forwarded and the taxpayer engaged our firm to handle their accounting function just this month. We have taken steps to insure prompt and timely filings in the future.

Therefore, we respectfully request your cooperation in abating the penalty.

Sincerely,



Joel E. Jacobson

JEJ/clj
encl: