

07071999-90010-009-S150.00-S150.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$350 IF DISSOLVED, MINIMUM AMOUNT DUE 10 REG.

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED Jul 07, 1999 8:00 am Secretary of State

07-07-1999 90010 009 ***150.00

DOCUMENT # VO4444

1. Corporation Name HERRIS MEDICAL SYSTEMS, INC.



Principal Place of Business 49-AWE KEY-LARGO FL 33037 US

Mailing Address 8285 SW 105 ST MIAMI FL 33156 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/01/1992

2. Principal Place of Business 21 7795 GRUNDY ST 22 Suits, Apt. #, etc. 23 PENSACOLA FL 24 32507 25 USA 26 8285 SW 105 ST 27 Suits, Apt. #, etc. 28 PENSACOLA FL 29 33156 30 USA

4. FEI Number 59-3097654 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 7. This corporation owes the current year Intangible Personal Property. Yes No

9. Name and Address of Current Registered Agent HERRIS, BERNARD BERNARD 8285 SW 105 ST MIAMI FL 33156

10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 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 607.0503, Florida Statutes.

SIGNATURE: [Signature] DATE: [Date]

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include HERRIS, ANDREW T and HERRIS, BERNARD.

Table with 4 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Row includes 7795 GRUNDY ST PENSACOLA FL 32507.

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: [Signature] DATE: 7/2/99 305 271-1496

CR2E034 (5/99)

V04444
607228-90009

BOB HERRIS

ACCOUNTING & INCOME TAX SERVICE
8285 S. W. 105 ST.
MIAMI, FL 33156

Phone (305) 271-1496

Fax (305)271-9702

July 19, 1999

Division of Corporations
Annual Reports Section
P. O. Box 1500
Tallahassee, FL 32302-1500

Subj.: Herris Medical Systems, Inc.
Ref. No.: V04444

Dear Sir/Madam,

This is in response to your letter dated July 8, 1999, requesting the late fee penalty of \$400.00.

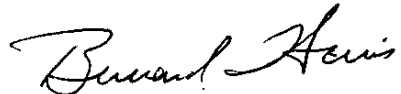
On July 2nd I wrote requesting abatement of the penalty (copy attached). I submitted the Annual Report with my check for \$150.00 with the reasons for the lateness, after being assured that the late fee would not be applied. After receiving your July 8th letter, I again called Tallahassee and spoke with Kathy at the Dept of State, who again assured me that the late filing fee should not have been assessed.

Kathy stated the late filing fee was not required due to non-receipt of the original Annual report and other typographical errors as outlined in the attached letter and indicated on the corrections made on the Annual Report as submitted.

I am again requesting the abatement of the late filing fee and the filing of the Annual Report as corrected and submitted with the filing fee.

Very truly yours,

Herris Medical Systems, Inc.



Bernard Herris
Director and Registered Agent

BH:tin