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

PROFIT CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700003595 (0)

IMPLANT TECHNICAL SUPPORT, INC.

FILED Jan 22 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					T S DE LI DEL STOP TO POPELE FOR PER LO DE LES CONTRA DE LES CONTRA CONT		
12145 S.W. 13 MIAMI FL 331		12145 S.W. 131ST AVENUE Miami Fl 33186		DO NOT WRITE IN TH	IS SPACE		
					3. Date Incorporated or Qualified		
l					01/08/1997		
2. Principal Place of Business 26. Mailing Address					4. FEI Number	Applied For	
21 12180 S W 131 Avenue 26						Not Applicable	
Sulte, Apt. #, etc. Suite, Apt. #					5. Certificate of Status Desired	\$8.75 Additional	
22 27					C. Commonder of Orlands Evolution	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be		
23 Miami	_ 	28	. 		Trust Fund Contribution	Added to Fees	
Zip			niry	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
24 33186	25 USA 9. Name and Address of Cur	29	[30]		Personal Property Tax due June 30. 10. Name and Address of New Registere		
		out negleteled Agent		B1 Name	IV. Haine and Address of Hely Registere	A Agoin	
ZIMMERMAN, MICHAEL J			Į				
	20 S.W. 128TH STREET		•	82 Street Add	dress (P.O. Box Number is Not Acceptable)		
MIA	MI FL 33186			83			
				84 City	F	85 Zip Code	
11. Pursuant	to the provisions of Sections 607.0	502 and 607 1508. Florida Sta	lules the ab	nove-named cor	poration submits this statement for the purpose		
office or r	egistered agent, or both, in the Stammamiliar with, and accept the ob-	ate of Florida. Such change wa	s authorized	by the corpora	ation's board of directors. I hereby accept the a	ppointment as registered	
SIGNATURE							
12.	Signature, typed or printed name of registered OFFICERS (AND DIRECTORS	13.	Agent signature requ	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	DELETE	1.1 111		ABBITIONS/OF AIVALS TO OFFICE NO A	Change Addition	
NAME	KUCH, PETER		1 2 NA	1			
STREET ADDRESS	12145 S.W. 131ST AVENUE	:		REFT ADDRESS			
CITY-ST-ZIP	MIAMI FL 33186			Y-ST-ZIP			
TITLE	☐ DELETE		2.1 107			Change Addition	
NAME			2.2 NA	ME			
STREET ADDRESS			2.3 ST	REET ADDRESS			
CITY-ST-ZIP			2. 4 CI	TY-ST-ZIP			
TITLE		☐ DELETE	3.1 1/1	l f		Change Addition	
NAME			3.2 NA	ME			
STREET ADDRESS			3.3 \$10	REET ADDRESS			
CITY-ST-ZIP	<u> </u>		3 4. CI	IY-SI-ZIP			
TITLE		DELETE	4 1 111	LE		☐ Change ☐ Addition	
NAME			4 2 NA	IME J			
STREET ADDRESS			4 3 STI	REFT ADDRESS			
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP			
TITLE		DELETE	5.1 TIT	lF		Change Addition	
NAME			5.2 NAI	ME {			
STREET ADDRESS			5 3 STF	REET ADDRESS			
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP			
TITLE		DELETE	6.1 TiT	IF		Change Addition	
NAME			6.2 NA	ME	0000024097 -01/23/98010051	ngg	
STREET ADDRESS			6.3 \$16	REET ADDRESS	***158.75	use haa	
CITY-ST-ZIP			6.4 CIT	Y-SI-ZiP	करकरा 1 अधि । अ	<u> </u>	

14. Thereby 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: