

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

FILED

Jan 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 253510 (2)
1. Corporation Name
MEDICORE, INC.



Principal Place of Business 2337 WEST 76 ST HIALEAH FL 33016 US	Mailing Address 2337 WEST 76TH ST HIALEAH FL 33016 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/29/1961	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-0941551	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent OUZTS, DANIEL R. 2337 WEST 76TH ST HIALEAH FL 33016				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PDC	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LANGBEIN, THOMAS K			1.2 NAME			
STREET ADDRESS	777 TERRACE AVE., #517			1.3 STREET ADDRESS			
CITY-ST-ZIP	HASBROUCK HEIGHTS NJ			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	D'AMORE, ANTHONY C.			2.2 NAME			
STREET ADDRESS	777 TERRACE AVE., #517			2.3 STREET ADDRESS			
CITY-ST-ZIP	HASBROUCK HEIGHTS NJ			2.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FRIEND, SEYMOUR			3.2 NAME			
STREET ADDRESS	2337 WEST 76 ST			3.3 STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL			3.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OUZTS, DANIEL R			4.2 NAME			
STREET ADDRESS	2337 WEST 76 ST			4.3 STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL			4.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JAFFE, LAWRENCE E			5.2 NAME			
STREET ADDRESS	777 TERRACE AVE., #517			5.3 STREET ADDRESS			
CITY-ST-ZIP	HASBROUCK HGT NJ			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FISCHBEIN, PETER D			6.2 NAME			
STREET ADDRESS	777 TERRACE AVE., #517			6.3 STREET ADDRESS			
CITY-ST-ZIP	HASBROUCK HEIGHTS NJ			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: *[Signature]* DATE: 1/7/98 (305) 558-4000

CR2E034 (10/97)