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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **275256** **(6)**

1. Corporation Name
LINVATEC CORPORATION

Principal Place of Business	Mailing Address
11311 CONCEPT BLVD. LARGO FL 34643	11311 CONCEPT BLVD. LARGO FL 33773-4908

3. Date Incorporated or Qualified: **10/31/1963**
3a. Date of Last Report: **02/06/1996**

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24): **33773** Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: **59-1086703** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LEVIN, LAWRENCE A
LINVATEC CORP
11311 CONCEPT BLVD.
LARGO FL 34643

10. Name and Address of New Registered Agent

81 Name: DAVID LEE REED
82 Street Address (P.O. Box Number is Not Acceptable): LINVATEC CORPORATION
83: 11311 CONCEPT BLVD
84 City: LARGO **FL** 85 Zip Code: 33773

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: David Lee Reed DAVID LEE REED 1/16/97
(Signature required 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	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MEE, MICHAEL F.		1.2 NAME		
STREET ADDRESS	345 PARK AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KEMPSELL, GEORGE P		2.2 NAME		
STREET ADDRESS	11311 CONCEPT BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BRENNAN, ALICE C.		3.2 NAME		
STREET ADDRESS	345 PARK AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		3.4 CITY-ST-ZIP		
TITLE	DV	☑ DELETE	4.1 TITLE	AS	☐ Change ☒ Addition
NAME	MEZZAPELLE, DOMINIC M.		4.2 NAME	REED, DAVID LEE	
STREET ADDRESS	345 PARK AVENUE		4.3 STREET ADDRESS	11311 CONCEPT BLVD	
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-ST-ZIP	LARGO, FL 33773	
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BAINS, HARRISON M. JR		5.2 NAME		
STREET ADDRESS	345 PARK AVENUE		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: David Lee Reed DAVID LEE REED 1/16/97 813-399-5105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #