

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90139 003 ***150.00

DOCUMENT # 322887

1. Corporation Name

AMERICAN SCIENTIFIC INDUSTRIES INC



Principal Place of Business

P.O. BOX 560635
MIAMI FL 33256-0635
US

Mailing Address

P.O. BOX 560635
MIAMI FL 33256-0635
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1967

4. FEI Number

59-1198271

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 owes the current year intangible
Personal Property Tax.



Yes

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

P.O. Box 410635

City & State

MELBOURNE, FL

Zip

32941-0635

Country

USA

2a. Mailing Address

26

Suite, Apt. #, etc.

P.O. Box 410635

City & State

MELBOURNE, FL

Zip

32941-0635

Country

USA

10. Name and Address of New Registered Agent

81 Name

DAVIDOW, HOWARD B.

82 Street Address (P.O. Box Number is Not Acceptable)

842 BLACKBIRD COURT

83

84 City Rockledge

FL

85 Zip Code

32955

9. Name and Address of Current Registered Agent

DAVIDOW, HOWARD B
8910 SW 108TH STREET
MIAMI FL 33176

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 *Howard B. Davidow* HOWARD B. DAVIDOW

MARCH 20, 1999

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

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME DAVIDOW, HOWARD B.
STREET ADDRESS 8910 SW 108TH ST.
CITY-ST-ZIP MIAMI FL

TITLE STD ☐ DELETE

NAME DAVIDOW, VASALIKI
STREET ADDRESS 8910 SW 108TH ST.
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PD ☒ Change ☐ Addition

12 NAME DAVIDOW, HOWARD B.
13 STREET ADDRESS 842 BLACKBIRD COURT
14 CITY-ST-ZIP ROCKLEDGE, FL 32955

21 TITLE STD ☒ Change ☐ Addition

22 NAME DAVIDOW, VASALIKI, J.
23 STREET ADDRESS 842 BLACKBIRD COURT
24 CITY-ST-ZIP ROCKLEDGE, FL 32955

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 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, with all other like empowered

SIGNATURE: *Howard B. Davidow* PRESIDENT
HOWARD B. DAVIDOW

3/20/99 407-637-3389

Date

Daytime Phone #

CR2E034 (11/98)