

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 388675 (1)

1. Corporation Name

SED PROSTHETICS & ORTHOTICS CO., INC.



Principal Place of Business

Mailing Address

811 NE 125TH ST
NORTH MIAMI FL 33161-1813

811 NE 125TH ST
NORTH MIAMI FL 33161-1813

3. Date Incorporated or Qualified

09/21/1971

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip Country

24 25

26. Mailing Address

26 Suite, Apt #, etc

27 City & State

28 Zip Country

29 30

4. FEI Number

59-1362613

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

SED, AUGUSTIN A.
19641 NW 57TH PL
MIAMI FL 33015

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 for profit or public entity of registered agent and the filer (applicable)

(If filer is registered agent, signature required when reappointing)

(Date)

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SED, AUGUSTIN A.
STREET ADDRESS 19641 NW 57TH PL
CITY- ST- ZIP MIAMI FL

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CITY- ST- ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE
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29.3 STREET ADDRESS
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30.1 TITLE
30.2 NAME
30.3 STREET ADDRESS
30.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 a receiver or trustee empowered to execute the report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an addition with the address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/5/96 305-893-2020

CR2E034 (3/96)