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 # 449251

Country

9. Name and Address of Current Registered Agent

25

POLSYN, PAULA

(8)

PACO SURGICAL, INC.

Principal Place of Business

FT. LAUDERDALE FL. 33308

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

22

23

24

3351 GALT OCEAN DR

2a. Mailing Address

City & State

7ip

Suite, Apt. #, etc

26

28

29

basen)

do a lo

Mailing Address

3351 GALT OCEAN DR

FT. LAUDERDALE FL. 33308

FILED Apr 21 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

10. Name and Address of New Registered Agent

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

 Date Incorporated or Qualified 03/26/1974

59-1515522

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4-14-98

(954)565-1921

4. FEI Number

PLANTATION FL 33317			82	82 Street Address (P.O. Box Number is Not Acceptable)					
			83						
			84	City	■ 85 Zip Code			ode	
		- 100			FL	-			
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 norw of registered agent and title (Lagricable (NOTE: Registered Agent signature required when reinstating) DATE									
12. OFFICERS AND DIRECTORS 13.									
TITLE	PD	DELETE	1.1 TITLE		ADDITIONS/OFFARES TO STEED AN	X Ch		Addition	
NAME	POLSYN, PAULA		1.2 NAME			-14	- · · · · · ·		
STREET ADDRESS	5721 SW 8TH CT		13 STREET	#DDBECC	2541 NNdo Hill Rd + 200-30	d.		l	
CITY-ST-ZIP	PLANTATION FL		1.4 CITY-S		Sunne, FL 33822-7119	•			
TITLE	TDS	DELETE	2.1 TITLE	1 - ZIF	2011125 11 = 0000 4 111	K) Ch	anne	Addition	
NAME	POLSYN, PAULA		2.2 NAME						
STREET ADDRESS	5721 SW 8TH CT		2.3 STREET	ADDRESS	2541 NNJ HILRS # 200-30)			
CITY-SF-ZIP	PLANTATION FL		2.4 CITY-S		2541 NNOb Hill Rd # 200-80 Sunte, FL 33322-7119	•		ľ	
TITLE		DELETE	3.1 TITLE	1-211	JULIUSE, PLE SUSSIE	Ch	ange	Addition	
NAME		_	3.2 NAME				•		
STREET ADDRESS			3.3 STREET	ADDRESS					
CITY-ST-ZIP			3.4. CHTY-S					ļ	
TITLE		DELETE	4.1 TITLE	1 1.		Ch	ange	Addition	
NAME			4. 2 NAME					l	
STREET ADDRESS			4.3 STREET	ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST	r- 21P					
TITLE		☐ DELETE	5.1 TITLE			☐ Ch	ange	Addition	
NAME			5 2 NAME						
STREET ADDRESS			53 STAEET	ADDRESS					
CITY-ST-ZIP			5.4 CITY-SI	r-ziP					
TITLE		DELETE	6.1 TITLE			Ch	ange	Addition	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET	ADDRESS					
CITY-ST-ZIP			6.4 CITY - ST						
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 exporation 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 shanoxid, or on an attachment with an address									

Country

81 Name

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