

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **648688 (0)**

1. Corporation Name
AMBIOMED INTERNATIONAL, INC.



Principal Place of Business: **8493 SOUTH ELIZABETH AVE. PALM BEACH GARDENS FL 33418 US**
Mailing Address: **P O BOX 32672 PALM BCH GARDENS FL 33420 US**

3. Date Incorporated or Qualified: **12/11/1979** 3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **4751 Square Lake Dr** 2a. Mailing Address: **4751 Square Lake Dr**
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State: **Palm Beach Gardens, FL** 27. City & State: **Palm Beach Gardens, FL**
23. Zip: **33418** Country: **USA** 28. Zip: **33418** Country: **USA**
24. Zip: **33418** 25. Country: **USA** 29. Zip: **33418** 30. Country: **USA**

4. FEI Number: **59-1961917** 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: **HOOKEY, LIESELOTTE M. 8493 SOUTH ELIZABETH AVE. PALM BCH GARDENS 33418**

10. Name and Address of New Registered Agent: **81 Name: HOOKEY, LIESELOTTE M. 82 Street Address (P.O. Box Number is Not Acceptable): 4751 Square Lake Dr. 83 City: Palm Beach Gardens FL 84 Zip Code: 33418**

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: _____ (NOTE: Registered Agent's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: ST	<input type="checkbox"/> DELETE	1.1 TITLE: Change	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HOOKEY, LIESELOTTE M.		1.2 NAME:	
STREET ADDRESS: 8493 S ELIZABETH AVE		1.3 STREET ADDRESS: 4751 Square Lake Dr.	
CITY-STATE-ZIP: PALM BCH GARDENS FL		1.4 CITY-STATE-ZIP: PALM Beach Gardens, FL 33418	
TITLE: V	<input type="checkbox"/> DELETE	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HOOKEY, W. RAYMOND		2.2 NAME:	
STREET ADDRESS: 8493 S ELIZABETH AVE.		2.3 STREET ADDRESS: 4751 Square Lake Dr.	
CITY-STATE-ZIP: PALM BCH GARDENS FL		2.4 CITY-STATE-ZIP: PALM Beach Gardens, FL 33418	
TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY-STATE-ZIP:		3.4 CITY-STATE-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-STATE-ZIP:		4.4 CITY-STATE-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-STATE-ZIP:		5.4 CITY-STATE-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-STATE-ZIP:		6.4 CITY-STATE-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 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: *Lieselotte M. Hookey* 3/8/96 4076267973
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (12/95)