

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 21 4751 Square Lake Dr 22 Suite, Apt. #, etc. 26 4751 Square Lake Dr 27 Suite, Apt. #, etc.

23 City & State Palm Beach Gardens, FL 28 City & State PALM BEACH GARDENS, FL

24 33418 25 USA 29 33418 30 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
82 Street Address (P.O. Box Number is Not Acceptable) 4751 Square Lake Dr.
83
84 City PALM BEACH GARDENS FL 85 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

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

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

DATE

12. OFFICERS AND DIRECTORS

TITLE	ST	NAME	HOOKEY, LIESELOTTE M.	<input type="checkbox"/> DELETE
STREET ADDRESS			8493 S ELIZABETH AVE	
CITY-ST-ZIP			PALM BCH GARDENS FL	
TITLE	V	NAME	HOOKEY, W. RAYMOND	<input type="checkbox"/> DELETE
STREET ADDRESS			8493 S ELIZABETH AVE.	
CITY-ST-ZIP			PALM BCH GARDENS FL	
TITLE		NAME		<input type="checkbox"/> DELETE
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> DELETE
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> DELETE
STREET ADDRESS				
CITY-ST-ZIP				

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4751 Square Lake Dr.
1.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	4751 Square Lake Dr.
2.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/96 4076267973
Date Daytime Phone #

CR2E034 (12/95)