

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

**FILED**

**Feb 13 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 841035 (9)**

1. Corporation Name  
**ATLANTIC SCIENTIFIC CORPORATION**



Principal Place of Business <b>4300 FORTUNE PLACE SUITE A MELBOURNE FL 32904</b>	Mailing Address <b>4300 FORTUNE PLACE SUITE A MELBOURNE FL 32904</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07/10/1978**

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt #, etc	26. Suite, Apt #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

4. FEI Number <b>59-1772576</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HEITSCH, JAMES R.  
4300 FORTUNE PLACE  
SUITE A  
W. MELBOURNE FL 32904**

10. Name and Address of New Registered Agent

81. Name <b>Anthony O. Bird</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>4300 Fortune Place Suite A</b>
83. City <b>W Melbourne, Fl</b>
84. State <b>FL</b>
85. Zip Code <b>32904</b>

11. Pursuant to the provisions of Sections 607.0507 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]* DATE: **2-9-98**

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	<b>SALMON, S.</b>	
STREET ADDRESS	<b>4300 FORTUNE PLACE; SUITE A</b>	
CITY-ST-ZIP	<b>W. MELBOURNE FL</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>HUDSON, LACEY A</b>	
STREET ADDRESS	<b>4300 FORTUNE PLACE, STE. A</b>	
CITY-ST-ZIP	<b>W. MELBOURNE FL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>BIRD, ANTHONY O</b>	
STREET ADDRESS	<b>4300 FORTUNE PLACE; SUITE A</b>	
CITY-ST-ZIP	<b>W. MELBOURNE FL</b>	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	<b>HEITSCH, JAMES R.</b>	
STREET ADDRESS	<b>4300 FORTUNE PLACE; STE. A</b>	
CITY-ST-ZIP	<b>W. MELBOURNE FL</b>	
TITLE	T	<input type="checkbox"/> DELETE
NAME	<b>KNOX, JOHN</b>	
STREET ADDRESS	<b>4300 FORTUNE PLACE; SUITE A</b>	
CITY-ST-ZIP	<b>W. MELBOURNE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Wendeln, Kenneth</b>	
1.3 STREET ADDRESS	<b>4300 Fortune Place Suite A</b>	
1.4 CITY-ST-ZIP	<b>W Melbourne, Fl 32904</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Bird, Anthony O</b>	
3.3 STREET ADDRESS	<b>4300 Fortune Place Suite A</b>	
3.4 CITY-ST-ZIP	<b>West Melbourne, Fl 32904</b>	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Atkinson, Richard</b>	
4.3 STREET ADDRESS	<b>4300 Fortune Place Suite A</b>	
4.4 CITY-ST-ZIP	<b>West Melbourne, Fl 32904</b>	
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 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.

SIGNATURE: *[Signature]*

2-9-98

CF2E034 (10/97)