

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

05 APR 19 AM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000004285 (2)**

1. Corporation Name
THERATEK INTERNATIONAL, INC.

Principal Place of Business Mailing Address
14740 NW 60TH AVE MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/17/1994** 3a. Date of Last Report **05/01/93**

4. FEI Number **65-0407563** 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

6. The corporation has liability for intangible tax under S. 109.032, Florida Statutes Yes No

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 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324**

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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE C	TILLOTSON, ROBERT B	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	0540 SUNSEY WAY	1.2 NAME	
STREET ADDRESS	SANFORD MI 48867	1.3 STREET ADDRESS	2200 W. Salzburg Rd.
CITY - ST - ZIP		1.4 CITY - ST - ZIP	Midland, MI 48686
TITLE D	HOOVER, RICHARD H	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	4000 ARBOR DR	2.2 NAME	
STREET ADDRESS	MIDLAND MI 48840	2.3 STREET ADDRESS	2200 W. Salzburg Rd.
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Midland, MI 48686
TITLE D	ANDERSON, GARY E	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2000 GEORGETOWN	3.2 NAME	
STREET ADDRESS	MIDLAND MI 48840	3.3 STREET ADDRESS	2200 W. Salzburg Rd.
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Midland, MI 48686
TITLE P	STEELE, RICHARD L	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	0000 SHERIDAN ST, APT 208	4.2 NAME	
STREET ADDRESS	PEMBROKE PINES FL 33024	4.3 STREET ADDRESS	14740 NW 60th Ave.
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Miami Lakes, FL 33014
TITLE S	MARCELA, PAUL A	5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	5215 HUNTINGTON DR	5.2 NAME	
STREET ADDRESS	MIDLAND MI 48840	5.3 STREET ADDRESS	2200 W. Salzburg Rd.
CITY - ST - ZIP		5.4 CITY - ST - ZIP	Midland, MI 48686
TITLE T	RICH, EDWARD W	6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1217 MARQUET CT	6.2 NAME	
STREET ADDRESS	MIDLAND MI 48840	6.3 STREET ADDRESS	2200 W. Salzburg Rd.
CITY - ST - ZIP		6.4 CITY - ST - ZIP	Midland, MI 48686

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 110.07(3)(b), 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: *JHM* *Edward W. Rich* **Edward W. Rich** **4-12-95** **(57)496-4464**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE (Typed Name)