

**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 # **F94000004285 (2)**

1. Corporation Name

**THERATEK INTERNATIONAL, INC.**



Principal Place of Business

Mailing Address

**14740 NW 60TH AVE  
MIAMI LAKES FL 33014**

**14740 NW 60TH AVE  
MIAMI LAKES FL 33014**

3. Date Incorporated or Qualified **08/17/1994** 3a. Date of Last Report **04/19/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Tax Department C01112

27 Tax Department C01112

City & State

City & State

23 Midland, MI

28 Midland, MI

24 Zip **48686-0994** 25 Country **US**

29 Zip **48686-0994** 30 Country **US**

4. FEIN 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>C</b> <input type="checkbox"/> DELETE
NAME	<b>TILLOTSON, ROBERT B</b>
STREET ADDRESS	<b>2200 W. SALZBURG RD</b>
CITY- ST- ZIP	<b>MIDLAND MI</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HOOVER, RICHARD H</b>
STREET ADDRESS	<b>2200 W. SALZBURG RD.</b>
CITY- ST- ZIP	<b>MIDLAND MI</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ANDERSON, GARY E</b>
STREET ADDRESS	<b>2200 W. SALZBURG RD.</b>
CITY- ST- ZIP	<b>MIDLAND MI</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>STEELE, RICHARD L</b>
STREET ADDRESS	<b>14740 NW 60TH AVE</b>
CITY- ST- ZIP	<b>MIAMI LAKES FL</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>MARCELA, PAUL A</b>
STREET ADDRESS	<b>2200 W. SALZBURG RD.</b>
CITY- ST- ZIP	<b>MIDLAND MI</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>RICH, EDWARD W</b>
STREET ADDRESS	<b>2200 W. SALZBURG RD.</b>
CITY- ST- ZIP	<b>MIDLAND MI</b>

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
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	<input 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: *JHM* *Ed Rich* Ed Rich  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-96 496-4399  
DATE DISTRICT FILING #

CR2E034 (12/95)