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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Jan 14 1997 8:00am

Secretary of State

] (0.00) (4.00) (0.00) (0.00) (0.00) (0.00) (0.00) (0.00) (0.00) (0.00) (0.00) (0.00) (0.00) (0.00) (0.00) (0.00)

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # F9400004873 (5)

VERIMED INTERNATIONAL, INC.

Principal Plac	o of Business	Mailing Address	Siling Address				TOTAL FORCE	# W W I
· · · · · · · · · · · · · · · · · · ·								
11950 NW 39TH ST. SUITE D CORAL SPRINGS FL 33065		SUITE D						
		CORAL SPRINGS FL 33065-2564						
US		US			 Date Incorporated or Qualified 09/20/1994 	3a. Date 0		leport
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		A	pplied For	
21 SAME		26		65-0515569 Not			ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	□ \$		Additional	
22		27				Fee R	equired	
City & State		City & State		6. Election Campaign Financing				
Z ip	Country	[28]	Country		Trust Fund Contribution			
—	₁	<u></u> ⊢-ı	_ `		8. This corporation has liability for it Florida Statutes	ntangible tax] Yes [X] N		3. 199.032,
24	25 g. Name and Address of Curre		7		10. Name and Address of New Re			***
MEE, DOUGLAS				Name				
	50 N.W. 39TH ST. Te d		82	Street Add	dress (P.O. Box Number is Not Acceptab	ie)		
	RAL SPRINGS FL 33065		83					
	THE OFTHINGS TE GOODS		\					~
			84	City		FL ⁸	5 Zip	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	the above	e-named cor	poration submits this statement for the p	urpose of cha	anging i	its registered
office or	registered agent for both, in the Stat am familiar with, and accept the oblig	e of Florida. Such change was au cations of Section 607 0505. Flori	thorized by da Statute:	y the corpora s	ation's board of directors. I hereby accept	ot the appoint	ment as	s registered
	and to the wife, and decept the top,	garant of contact to the	tra Cittaro					
SIGNATURE	Signature, typed or profed name of registrored as	gers and title diapplication (NOTE)	Registered Age	ent signature requ	ired when reinstating)	DATE		
12.	OFFICERS AF	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DI	RECTO	RS IN 12
TITLE	C	☐ DELETE	1 1 TITLE				Change	Addition
NAME	METTLER, STEPHEN C		1.2 NAME					
STREET ADDRESS	1333 SOUTH CLAUDINA		1 3 STREET	ADDRESS				
CITY - ST - ZIP			1.4 CITY-5	ST-ZIP				
TITLE	D	☐ DELETE	21 TITLE				Change	Addition
NAME	SCHMIDT, ERWIN R. I		2.2 NAME					
STREET ADDRESS			2 3 STREET ADDRESS					
CITY - ST - ZIP	ANAHEIM CA			ST-ZIP		_,		
TITLE	DS	☐ DELETE	3 1 TITLE	1			Change	Addition
NAME	METTLER, MARK		3.2 NAME					
STREET ADDRESS	1333 SOUTH CLAUDINA		3.3 STREET	ADDRESS				
CITY - ST - 2IP	ANAHEIM CA 92805		3.4. CITY-	ST-ZIP				
TITLE	D	☐ DELETE	4.1 T/TLE			لبا	Change	Addition
NAME	METTLER, LORI		4. 2 NAME					
STREET ADDRESS	1333 SOUTH CLAUDINA		4 3 STREET	ADDRESS				
CITY - ST - ZIP	ANAHEIM CA 92805		4.4 CITY-ST-ZIP				<u> </u>	1 4
TITLE	P	DELETE	51 TITLE			اــا	Change	Addition
NAME	MEE, DOUGLAS		5.2 NAME					
STREET ADDRESS	11950 NW 39TH ST., STE. D		53 STREET	ADDRESS				
CITY - ST - 7IP	CORAL SPRINGS FL 33323		54 CITY-ST-ZIP				Cha	1.110
TITLE	V	☐ DELETE	61 TITLE			L	Change	Addition
NAME	MEE, WILLIAM		6.2 NAME					
STREET ADDRESS	11950 NW 39TH ST., STE. D		6.3 STREE	I ADDRESS				
CITY - ST - ZIP	CORAL SPRINGS FL 33323		6.4 CITY - S	ST - ZIP				

14. I do 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 armual report or supplemental annual report strue and accurate and that my signature shall have the same legal effect as if made under oath; that it 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 en an attendment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF PIRECTOR