


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

FILED

Jun 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name <i>PhotoMed Acquisition, Inc.</i> <i>F97000003976</i>					
Principal Place of Business <i>12249 Science Dr. Suite 160 Orlando, FL 32826</i>		Mailing Address <i>12249 Science Dr. Suite 160 Orlando, FL 32826</i>			
2. Principal Place of Business 21 <i>12249 Science Dr.</i> Suite, Apt. #, etc. 22 <i>Suite 160</i> City & State 23 <i>Orlando, FL</i> Zip 24 <i>32826</i>		2a. Mailing Address 25 <i>12249 Science Dr.</i> Suite, Apt. #, etc. 26 <i>Suite 160</i> City & State 27 <i>Orlando, FL</i> Zip 28 <i>32826</i>		Country 29 <i>U.S.</i> 30 <i>U.S.</i>	
8. Name and Address of Current Registered Agent <i>CT Corporation System 1200 South Pine Island Road Plantation, FL 33324</i>					
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 1.1 TITLE <i>PD</i> 1.2 NAME <i>Michael Faris</i> 1.3 STREET ADDRESS <i>12249 Science Dr., Ste 160</i> 1.4 CITY-ST-ZIP <i>Orlando, FL 32826</i> 1.5 TITLE <i>ST</i> 1.6 NAME <i>Greg Wilson</i> 1.7 STREET ADDRESS <i>12249 Science Dr., Ste 160</i> 1.8 CITY-ST-ZIP <i>Orlando, FL 32826</i> 1.9 TITLE 1.10 NAME 1.11 STREET ADDRESS 1.12 CITY-ST-ZIP 1.13 TITLE 1.14 NAME 1.15 STREET ADDRESS 1.16 CITY-ST-ZIP 1.17 TITLE 1.18 NAME 1.19 STREET ADDRESS 1.20 CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 2.1 TITLE <i>VP</i> 2.2 NAME <i>Craig Nickerson</i> 2.3 STREET ADDRESS <i>12249 Science Dr., Ste 160</i> 2.4 CITY-ST-ZIP <i>Orlando, FL 32826</i> 2.5 TITLE 2.6 NAME 2.7 STREET ADDRESS 2.8 CITY-ST-ZIP 2.9 TITLE 2.10 NAME 2.11 STREET ADDRESS 2.12 CITY-ST-ZIP 2.13 TITLE 2.14 NAME 2.15 STREET ADDRESS 2.16 CITY-ST-ZIP 2.17 TITLE 2.18 NAME 2.19 STREET ADDRESS 2.20 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: <i>Craig E. Nickerson</i> <i>6/3/98</i> <i>907-382-2700</i>					