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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22 1997 8:00am
Secretary of State

 Corporation 	EDICAL, INC.	Mailing	(3)	***************************************					
RIVARA BEACH 1803 AUST			Tanley J. Narkier Australian ave. S., Suite D						
RIVERA BEACH US	H FL 33404	W. PAI	LM BEACH FL 334	09-6454		3. Date Incorporated or Qualified	3a. Da	ate of Last F	Report
						09/11/1984	05/	01/1996	
	Place of Business	2a. Ma	iling Address			4. FEI Number 59-2450735		—	pplied For
Suite, Apt.	#, etc.		te, Apt. #, etc.		<u></u>				ot Applicable Additional
22		27				5. Certificate of Status Desired			equired
City & Stat	0	<u>├</u> ¬ `	y & State			6. Election Campaign Financing			May Be
23 Zip	Country	28 		Coun	trv	Trust Fund Contribution 8. This corporation has liability for	r intensible		to Fees
24	25	29		30	-	Florida Statutes	Yes [□ No	5. 195.WZ,
	9. Name and Address	of Current Registere	d Agent		al	10. Name and Address of New R	egistered	Agent	
	rkier, ŝtanley J. 3 australian ave. S.			1	Name				ļ
	3 AUSTRALIAN AVE. S. PALM BEACH FL 33409			[4	2 Street Add	ress (P.O. Box Number is Not Accepta	ible)		
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				·	14 City	·		85 Zip	Code
						poration submits this statement for the	FL		
office or r agent. La	registered agent, or both, ir am familiar with, and accep	n the State of Florida. S It the obligations of, Se	Such change was ction 607.0505, F	authorized lorida Statu	by the corporates.	ation's board of directors. I hereby according	ept the app	oiniment as	registered
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4. 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 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; the lam ar officer or director of the corporation or the processor of the corporation or the processor of t

SIGNATURE:

SIGNATURE AND TYPED ORDERNTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone iv