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Feb 09 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 # H21613 (5)
1. Corporation Name
BOCA BIOMEDICAL, INC.



Principal Place of Business

Mailing Address

21000 BOCA RIO ROAD
SUITE A-5
BOCA RATON FL 33433
US

21000 BOCA RIO ROAD
SUITE A-5
BOCA RATON FL 33433
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 18806 POINT CYPRESS CT.

Suite, Apt. #, etc.

22

City & State

23 BOCA RATON, FL

Zip

24 33498

Country

25 PALM BEACH

2a. Mailing Address

26 18806 POINT CYPRESS CT.

Suite, Apt. #, etc.

27

City & State

28 BOCA RATON, FL

Zip

29 33498

Country

30 PALM BEACH

3. Date Incorporated or Qualified

09/18/1984

4. FEI Number

59-2455677

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes or has paid the current year Intangible

Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

STEWART, JAMES P.
10679 RIO HERMOSO
DELRAY BEACH FL 33446

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

18806 POINT CYPRESS COURT

83

84 City

BOCA RATON

FL

85 Zip Code

33498

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

TITLE VTS

NAME STEWART, KATHLEEN M.

STREET ADDRESS 10679 RIO HERMOSO

CITY-ST-ZIP DELRAY BEACH FL

TITLE D

NAME STEWART, KATHLEEN M.

STREET ADDRESS 10679 RIO HERMOSO

CITY-ST-ZIP DELRAY BCH FL

TITLE PD

NAME STEWART, JAMES P.

STREET ADDRESS 10679 RIO HERMOSO

CITY-ST-ZIP DELRAY BCH FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 *[Signature]* (KATHLEEN M. STEWART) 2/6/98 571-470-9198

CP2E034 (10/97)