

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H24987**

1. Corporation Name
MEDICT SYSTEMS, INC.

Principal Place of Business
**4653 GLENBROOKE TERR
SARASOTA FL 34243
US**

Mailing Address
**P.O. BOX 338
SARASOTA FL 34230**

2. Principal Place of Business
21 **3630 Bonaventure Ct.**
Suite, Apt. #, etc.
22
23 **Sarasota, FL**
City & State
24 **34243** 25 **USA**
Zip Country

2a. Mailing Address
26
27
28
29
30
Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent

**UCC FILING & SEARCH SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 effecting change.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	[] DELETE
NAME	HUTTON, C. THOMAS	
STREET ADDRESS	4653 GLENBROOKE TERR	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	VS	[] DELETE
NAME	HUTTON, GAIL P	
STREET ADDRESS	4653 GLENBROOKE TERR	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[X] Change [] Addition
12 NAME	
13 STREET ADDRESS	3630 Bonaventure Ct.
14 CITY-ST-ZIP	Sarasota, FL 34243
21 TITLE	[X] Change [] Addition
22 NAME	
23 STREET ADDRESS	3630 Bonaventure Ct.
24 CITY-ST-ZIP	Sarasota, FL 34243
31 TITLE	[] Change [] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[] Change [] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[] Change [] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[] Change [] Addition
62 NAME	
63 STREET ADDRESS	
64 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)(g), 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, with all other like empowered.

SIGNATURE:

C. T. Hutton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/99 941-351-6222

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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/11/1984

4. FEI Number
59-2455594

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 owes the current year Intangible Personal Property Tax. ☒ Yes [] No

10. Name and Address of New Registered Agent

0470457

CR2E034 (11/98)