

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

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AND  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>	 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J78120 (9)**  
1. Corporation Name  
**MEDUTRADE, INC.**

Principal Place of Business <b>C/O U.K. FORSBERG</b> <b>450 B MANDALAY AVE</b> <b>CLEARWATER FL 34630</b>	Mailing Address <b>C/O U.K. FORSBERG</b> <b>450 B MANDALAY AVE</b> <b>CLEARWATER FL 34630</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>C/O U.K. Forsberg</b> <b>450-B Mandalay Ave</b> Suite, Apt. #, etc. 22 City & State 23 <b>Clearwater, FL</b> Zip 24 <b>33767</b>		2a. Mailing Address 26 <b>C/O U.K. Forsberg</b> <b>450-B Mandalay Ave</b> Suite, Apt. #, etc. 27 City & State 28 <b>Clearwater, FL</b> Zip 29 <b>33767</b>		3. Date Incorporated or Qualified <b>06/11/1987</b>	
		4. FEI Number <b>59-2848661</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>CARRION, RAMON</b> <b>28100 U.S. HWY 19 N</b> <b>SUITE 504</b> <b>CLEARWATER FL 34621</b> <b>33761</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code <b>33761</b>	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	<b>Vaksalagaten 28 2TR</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>S-753 31 Uppsala Sweden</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	<b>Vaksalagaten 28 2TR</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>S-753 31 Uppsala Sweden</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	<b>000002601980--2</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>-07/29/98--01083--022</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>****150.00 ****150.00</b>
NAME		4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

July 15, 98

CR2E034 (10/97)



Price & Donoghue  
CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS CONSULTANTS

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July 15, 1998

Division of Corporations  
Annual Report Section  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: Medutrade, Inc.**  
**SSN: 59-2848661**  
**REF#: J78120**

Dear Sir or Madam:

I am writing on behalf of the above named taxpayer in regard to the enclosed notice dated June 1, 1998.

Urban Forsberg, the officer of the corporation who needed to sign the report, resides in Sweden. That is why we originally filed the report with a faxed signature.

Though your notice denying the faxed signature was received shortly after its June 1, 1998 date, Mr. Forsberg only returned to the United States two days ago. He promptly signed the original copy of the report for us to forward to your office, but it was too late to meet your 30-day deadline. Considering these extenuating circumstances, please abate the \$400 late fee.

The original annual report and \$150 check are here enclosed. Thank you in advance for your cooperation in this matter.

Sincerely,

Kevin J. Donoghue  
Certified Public Accountant

KJD:tj  
Enclosure