


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

FILED
Feb 10 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 # K35749 (6) 1. Corporation Name MATHEWS MEDICAL, INC.			
Principal Place of Business 2424 ENTERPRISE RD STE #A CLEARWATER FL 34623 US		Mailing Address 2424 ENTERPRISE RD STE #A CLEARWATER FL 34623 US	
2. Principal Place of Business 21 811 LUTZ LAKE FERN RD Suite, Apt. #, etc. 22 LUTZ, FL City & State 23 33549 Zip 24 Country		2a. Mailing Address 25 811 LUTZ LAKE FERN RD W. Suite, Apt. #, etc. 26 LUTZ, FL City & State 27 33549 Zip 28 Country	
g. Name and Address of Current Registered Agent MATHEWS, DAVID A. 2700 BAYSHORE BLVD STE #11-108 DUNEDIN FL 34698		81 Name 82 MICHELLE L. MATHEWS 83 Street Address (P.O. Box Number is Not Acceptable) 811 LUTZ LAKE FERN RD. W. 84 City LUTZ, FL 85 Zip Code 33549	
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: Michelle L. Mathews, President DATE: 1-29-98			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATHEWS, JANET 2700 BAYSHORE BLVD, #11-108 DUNEDIN FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	MICHELLE L. MATHEWS 811 LUTZ LAKE FERN RD. W. LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVT MATHEWS, DAVID 2700 BAYSHORE BLVD, #11-108 DUNEDIN FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	SVT MICHELLE L. MATHEWS 811 LUTZ LAKE FERN RD. W. LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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: David A. Mathews		1-29-98 813-736-1954	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/30/1988	
4. FEI Number 65-0075021	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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	

10. Name and Address of New Registered Agent

CR2E034 (10/97)