

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

FILED

99 JUL -6 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M92107

1. Corporation Name

WORLD MEDICAL MANUFACTURING CORPORATION

Principal Place of Business

**13794 N.W. 4TH ST. SUITE 210
SAWGRASS INTERNATIONAL CORP PARK
SUNRISE, FL 33325**

Mailing Address

**13794 N.W. 4TH ST. SUITE 210
SAWGRASS INTERNATIONAL CORP PARK
SUNRISE, FL 33325**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/02/1988

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

65-0135550

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

**LEONHARDT, HOWARD
13794 N.W. FOURTH ST.
SUITE 210
SUNRISE, FL 33325**

81 Name

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

83

84 City

FL

85 Zip Code

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

HOWARD LEONHARDT

6/14/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VP** ☒ DELETE

NAME **LEONHARDT, BRENDA**
STREET ADDRESS **13794 NW 4TH STREET, BLDG #210**
CITY-ST-ZIP **SUNRISE, FL 33325**

TITLE **DIRECTOR** ☒ DELETE

NAME **JOHN D. MILLER**
STREET ADDRESS **13794 NW 4TH STREET, BLDG #210**
CITY-ST-ZIP **SUNRISE, FL 33325**

TITLE **P** ☐ DELETE

NAME **LEONHARDT, HOWARD**
STREET ADDRESS **13794 NW 4TH STREET, BLDG #210**
CITY-ST-ZIP **SUNRISE, FL 33325**

TITLE **EVP** ☐ DELETE

NAME **Fuger, Simon**
STREET ADDRESS **13794 NW 4TH STREET, BLDG #210**
CITY-ST-ZIP **SUNRISE, FL 33325**

TITLE **EVP** ☐ DELETE

NAME **SPENCER, RICHARD**
STREET ADDRESS **13794 NW 4TH STREET, BLDG #210**
CITY-ST-ZIP **SUNRISE, FL 33325**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DIRECTOR** ☐ Change ☐ Addition

1.2 NAME **SCOTT J. SOLANO**
1.3 STREET ADDRESS **13794 NW 4TH STREET, BLDG #210**
1.4 CITY-ST-ZIP **SUNRISE, FL 33325**

2.1 TITLE **DIRECTOR** ☐ Change ☐ Addition

2.2 NAME **JOHN D. MILLER**
2.3 STREET ADDRESS **13794 NW 4TH STREET, BLDG #210**
2.4 CITY-ST-ZIP **SUNRISE, FL 33325**

3.1 TITLE **SECRETARY** ☐ Change ☐ Addition

3.2 NAME **LAWRENCE FASSLER**
3.3 STREET ADDRESS **13794 NW 4TH STREET, BLDG #210**
3.4 CITY-ST-ZIP **SUNRISE, FL 33325**

4.1 TITLE **VP** ☐ Change ☐ Addition

4.2 NAME **JEFF ELKINS**
4.3 STREET ADDRESS **13794 NW 4TH STREET, BLDG #210**
4.4 CITY-ST-ZIP **SUNRISE, FL 33325**

5.1 TITLE **VP** ☐ Change ☐ Addition

5.2 NAME **TREVOR GREENAN**
5.3 STREET ADDRESS **13794 NW 4TH STREET, BLDG #210**
5.4 CITY-ST-ZIP **SUNRISE, FL 33325**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SP

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 change of an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/99

Date:

954-846-0418

Daytime Phone

CR2E034 (11/98)