FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Sccretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # M92917

(7)

MEDTAC INDUSTRIES, INC.					
Principal Place	of Business	Mailing Address		T ERBIODIT UID FOLID IUDAU COINF IINII 100	I BIDIR BIBIR BIBIR BRARI DI DIR GIBIR IDEI
2910 N.E. 41ST STREET LIGHTHOUSE POINT FL 33064		2910 N.E. 41ST ST LIGHTHOUSE POIN			
				3. Date incorporated or Qualified 3a 08/05/1988	. Date of Last Report 04/25/1995
2. Principal Place of Business		2a. Mailing Address		4, FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.	# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	65-0080941	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State 23		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intang	gible tax under s 199.032,
24]	25	29	[30]	Florida Statutes Yes	
	g. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New Regis	tered Agent
4/PAILIF	OV DODERT (
KENNEDY, ROBERT L. 2910 N.E. 41ST STREET			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
LIGHTHOUSE POINT FL 33064			83		
LIGHTI	100001 01111 1 00004			***	
			84 City		FL 85 Zip Code
or registere familiar with	KARINI (SI)	meny	ites, the above-named corpo- ized by the corporation's boa is.	ration submits this statement for the purpose rd of directors. I hereby accept the appointm	of changing its registered office ent as registered agent. I am
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	D	DELE TE	1, 1 TITLE		Change Addition
NAME	Kennedy, Röbert L.		1.2 NAME		
STREET ADDRESS	2910 N.E. 41ST ST.		1.3 STREET ADDRESS		
CITY-S7-ZIP	LIGHTHOUSE PT. FL	ליין ארובדר	1.4 CITY-ST-ZIP		
TITLE		DEL ETE	2 1 7171.6		☐ Change ☐ Addition
NAME CTOSET ADDRESS			2.2 NAME		
STREET ADDRESS CITY-ST-ZIP			2.3 STREET ADDRESS	i sa	
TITLE		DELETE	2.4 CITY - ST - ZIF 3.1 TITLE		Change Addition
NAME		_	3.2 NAME		- · -
STREET ADDRESS			3.3. STREET ADDRESS		
CITY - ST - ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TO LE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET AUDRESS		
TITLE		☐ DELETE	4.4 C(TY-ST-Z)P 5. 1 TifLE		Change Addition
NAME		Ŭ precir	5. I TIFLE 5.2 NAME		Change Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		_
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6 4 CITY- \$1 - 7IP		
14. I do hereby certify that oath; that I appears in	r certify that the information extended the information indicated on this ann am an officer or director of the corpx Block 12 or Block 13 if anyanged, or	with this filing is voluntarily fulual report or supplemental an oration or the receiver or trust or an exachment with an add	rnished and does not qualify to inual report is true and accura- tiee empowered to execute the dross.	for the exemption stated in Section 119.07(3) ate and that my signature shall have the same is report as required by Chapter 607, Florida	(k), Florida Statutes, I further e legal effect as if made under Statutes; and that my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OB DIRECTOR

5/4/96 (954) 943-5569

CR2E034 (12/95)