

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 10: 03

DOCUMENT # **M97209** (4)

1. Corporation Name

MASHBURN ASSOCIATES, INC.

IONICS MEDICAL CORPORATION

Principal Place of Business

Mailing Address

7800 RED RD. STE 229
SUITE 229
S MIAMI FL 33143
US

3191 CORAL WAY STE 631
SUITE 229
MIAMI FL 33145
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

3a. Date of Last Report

08/30/1988

06/21/1994

4. FEI Number

Applied For

65-0067616

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 5951 NW 151st St. #36

26 5951 NW 151st St. #36

Suite, Apt. #, etc

Suite, Apt. #, etc

22 2nd Floor

27 2nd Floor

City & State

City & State

23 Miami Lakes, FL

28 Miami Lakes, FL

Zip

Country

Zip

Country

24 33014

25 USA

29 33014

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MASHBURN, MENDEL LAINE JR.
4004 SAN AMARA DR
CORAL GABLES FL 33146

81 Name

M. LAINE MASHBURN, SR.

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

702 13th Street, #108

83

Miami Beach

84 City

Miami Beach

85 Zip Code

FL 33139

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

M. Laine Mashburn, SR., Registered Agent

M. Laine Mashburn, SR.

MAY 5, 1995

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: D
NAME: MASHBURN, MENDEL LAINE
STREET ADDRESS: 5201 ORDUNA DR, #8
CITY ST ZIP: CORAL GABLES FL

11 TITLE: M. LAINE MASHBURN, SR. Change Addition
12 NAME: PRESIDENT (P)
13 STREET ADDRESS: 702 13th Street, #108
14 CITY ST ZIP: Miami Lakes, FL. 33139

TITLE: C (Chairman)
NAME: M. LAINE MASHBURN, JR.
STREET ADDRESS: 702 13th Street, #108
CITY ST ZIP: MIAMI LAKES, FL. 33139

21 TITLE: C (Chairman) Change Addition
22 NAME: M. LAINE MASHBURN, JR.
23 STREET ADDRESS: 702 13th Street, #108
24 CITY ST ZIP: MIAMI LAKES, FL. 33139

TITLE:
NAME:
STREET ADDRESS:
CITY ST ZIP:

31 TITLE: Change Addition
32 NAME:
33 STREET ADDRESS:
34 CITY ST ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY ST ZIP:

41 TITLE: Change Addition
42 NAME:
43 STREET ADDRESS:
44 CITY ST ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY ST ZIP:

51 TITLE: Change Addition
52 NAME:
53 STREET ADDRESS:
54 CITY ST ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY ST ZIP:

61 TITLE: Change Addition
62 NAME:
63 STREET ADDRESS:
64 CITY ST ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in Section 119.07(4)(b), 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: *[Signature]*
BLOCK 12 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REMITTED BY MAY 1

04/20/95 (305) 447-8066