

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

FILED

**Feb 03 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P20134 (3)
 1. Corporation Name
RENOWN MEDICAL HOLDINGS N.V.



Principal Place of Business PO BOX 512102 PUNATA GORDA FL 33951	Mailing Address PO BOX 512102 PUNATA GORDA FL 33951-2102
---	--

3. Date Incorporated or Qualified 07/20/1988	3a. Date of Last Report 03/15/1996
--	--

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 59-2143496	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GEERTS JOSE P.
307 EAST MARION STREET
PUNTA GORDA FL 33950**

10. Name and Address of New Registered Agent

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PVS	<input type="checkbox"/> DELETE
NAME	GEERTS, JOSE P.	
STREET ADDRESS	201 W. MARION AVE., SUITE 209	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GEERTS, JOSE P.	
STREET ADDRESS	201 W. MARION AVE., SUITE 209	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GEERTS, ELIZABETH ANN	
STREET ADDRESS	201 W. MARION AVE., SUITE 209	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GEERTS ELIZABETH A	
1.3 STREET ADDRESS	307 East Marion A	
1.4 CITY-ST-ZIP	Punta Gorda Fla 33950	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GEERTS, JOSE. P	
2.3 STREET ADDRESS	307 East Marion A	
2.4 CITY-ST-ZIP	Punta Gorda Fla 33950	
3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GEERTS ELIZABETH A	
3.3 STREET ADDRESS	307 East Marion AV	
3.4 CITY-ST-ZIP	Punta Gorda Fla 33950	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 in an attachment with an address.

SIGNATURE:  **GEERTS Jose P** 1-24-97 (941) 6379736
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)