SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #	P23929

ORTHOMERICA PRODUCTS, INC.

Principal Place of Business	Mailing Address	
P.O. BOX 2927 NEWPORT BEACH CA 92659	P.O. BOX 2927 NEWPORT BEACH CA 92659	

FILED Aug 25, 1999 8:00 am Secretary of State

08-25-1999 90001 050 ***550.00



3. Date Incorporated or Qualified O4/17/1989 2. Principal Place of Business 2. Applied For 33-0343239 Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State City & Stat	NEWPORT BEA	ICH CA 92659	NEWPORT BEACH CA 92	659		DO NOT WRITE IN THIS SPACE	
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9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 11. Pursuant to the provisions of accions 607,0502 and 607,1508, Florida Stelutes, the above-named comporation submits this statement for the purpose of changing its registered efficie or registered agent, a registered office or registered agent, a registered office or registered agent, a registered office or registered agent, a registered agent,	23					Trust Fund Contribution	
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 18. Street Address (P.O. Box Number is Not Acceptable) 19. Name and Address of New Registered Agent 19. Name and Address of New Regis	Zip	Country	Zip	\vdash	ntry		
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PLANTATION FL 33324 83 84				İ	82 Street Address (P.O. Box Number is Not Acceptable)		
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florada 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 Florada, Such change was subhoracely the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, and accept the callipations of, section 607.0505, Florada Statutes. SIGNATURE Signature, synd or printed manufacture of registered agent, and accept the callipations of, section 607.0505, Florada Statutes. NOTE Regulated Agent signature required when releasting)		• • · · · · · • · · · · · · · · · · · ·			-		
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 office or registered accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE	ruk	INTATION FE 33324		ĺ	83		
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. Thereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and make in a provision of the purpose of changing its registered office or purpose of changing its registered of change in the appointment as registere		•		ı	84 City	y 85 Zip Code	
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Signature, typed or printed rame of regulated agon and table if applicable. (NOTE: Regulated Agon's signature required vibro instituting) DATE	agent. I a	im familiar with, and accept the obliga	tions of, section 607.0505, Flo	orida Statu	ites.	, and a sound of an estate of the sound of t	
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i. I hereby certify that the information supplied with this titing 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 suppliemental 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 so an attachment with an address.

SIGNATURE:

august 13, 1999

949-723-4500