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

DOCUMENT # P26810

ARZCO MEDIGAL SYSTEMS, INC.

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Principal Place	of Business	Mailing Address					[[
5660 W. CYPRE	:ss st	5660 W. CYPRESS ST.									
SUTIE G		SUTIE G				DO NOT WIDITE IN THIS COASE					
TAMPA FL 33607 TAMPA FL 33607							DO NOT WRITE IN THIS SPACE				
US		US				ł	Date Incorporated or Qualifed	a			
							<u> 11/01/1989</u>		- 11.		
2. Principal Pl	ace of Business	2a. Mailing Address					El Number		-	plied For	
21		26	<u>-</u>				65-0084694	<u> </u>		ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. (Certifcate of Status Desired		Fee Re	Additional	
22		27								<u> </u>	
City & State	9 .	City & State					Election Campaign Financing	, D	\$5.00	May Be to Fees	
23		28	Cou	ıntry			Frust Fund Contribution			to rees	
Zip	Country	Zip	-	ини у		l l	This corporation owes the cu Personal Property Tax.	rrent year int	angibie Ves	□No	
24	25	29	30				Name and Address of New	Registered .			
	9. Name and Address of Current	Registered Agent		81	Name	10. 1	Haite and Address of New	rtogiotor cu :	· · · · · · · · · · · · · · · · · · ·		
WILL	JAMS, AL.										
	W. CYPRESS ST.			82	Street /	Address (P.0	D. Box Number is Not Accept	otable)			
SUTI				83			 ,				
	PA FL 33607;			•••							
1700				84	City				85 Zip	Code	
	of the sale of the			<u> </u>			1 9 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FL	changing its	ragintared	
11. Pursuant t	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	? and 607.1508, Florida Stat of Florida. Such change was	utes, the a authorized	ibove- d bv tr	-named he corpo	corporation : pration's boa	submits this statement for the ard of directors. I hereby acco	ept the appoi	ntment as re	gistered	
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, F	lorida Stat	utes.			•				
SIGNATURE											
	Signature, typed or printed name of registered agent				signature re	equired when rea		DATE	ID DIRECTO	DS IN 12	
12.	· OFFICERS AND	DIRECTORS	13.	d Agent :		Al	nstating) DDITIONS/CHANGES TO O				
	OFFICERS AND		13. 1.1 Π	d Agent :		Director	DDITIONS/CHANGES TO O		ID DIRECTO	DRS IN 12	
12. TITLE NAME	OFFICERS AND DC CRAICHY, K.C.	DIRECTORS	13. 1.1 TI 1.2 No	d Agent :		Director K.C. Cra	DDITIONS/CHANGES TO O	FFICERS AN			
12.	OFFICERS AND DC CRAICHY, K.C. 5660-G WEST CYPRESS ST.	DIRECTORS	13. 1.1 TI 1.2 N/ 1.3 SI	Agent of Age	ADDRESS	Director	nichy	FFICERS AN			
12. TITLE NAME	OFFICERS AND DC CRAICHY, K.C. 5660-G WEST CYPRESS ST. TAMPA FL 33607	D DIRECTORS DELETE	13. 1.1 TI 1.2 Ni 1.3 SI 1.4 CI	TLE AME TREET A	ADDRESS	Director K.C. Cra	nichy West Cypress St. Handa 3360	ALL T	Change	Addition	
12. TITLE NAME STREET ADDRESS	OFFICERS AND DC CRAICHY, K.C. 5660-G WEST CYPRESS ST.	DIRECTORS	13. 1.1 TI 1.2 N/ 1.3 SI	TLE AME TREET A	ADDRESS	Director K.C. Cra	DDITIONS/CHANGES TO O	ALL T			
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DC CRAICHY, K.C. 5660-G WEST CYPRESS ST. TAMPA FL 33607 DP RAMSEY, MAYRARD 5660-G W. CYPRESS ST.	D DIRECTORS DELETE	13. 1.1 TT 1.2 NJ 1.3 ST 1.4 CI 2.1 TI 2.2 NJ	J Agent of A	ADDRESS	Director K.C. Cra SUD-G- Jompa Director	aichy West Cygress St. Anda 3366 Chairman: Presiden	ALL T	Change	Addition	
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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 rectiver 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 appendices, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

TAMPA FL 33607

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90129 046 ***150.00