


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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P33003 (5)
 1. Corporation Name
THOMPSON MEDICAL COMPANY, INC.



Principal Place of Business 222 LAKEVIEW AVENUE WEST PALM BEACH FL 33401	Mailing Address 222 LAKEVIEW AVENUE WEST PALM BEACH FL 33401
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 777 S. FLAGLER DR. Suite, Apt. #, etc.		2a. Mailing Address 26 777 S. FLAGLER DR. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/01/1991	
22 WEST TOWER #1500 City & State		27 WEST TOWER #1500 City & State		4. FEI Number 13-5627023 Applied For Not Applicable	
23 WEST PALM BEACH FL Zip Country		28 WEST PALM BEACH FL Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 33401 25 USA		29 33401 30 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAUER, ELIOT	1.2 NAME	
STREET ADDRESS	% 222 LAKEVIEW AVENUE	1.3 STREET ADDRESS	777 S. FLAGLER DR, WEST TOWER #1500
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	PO <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORWITZ, DANIEL N	2.2 NAME	
STREET ADDRESS	% 222 LAKEVIEW AVE	2.3 STREET ADDRESS	777 S. FLAGLER DR, WEST TOWER #1500
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	VS <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOONAN, CHARLES T.	3.2 NAME	NOONAN, CHARLES T
STREET ADDRESS	% 222 LAKEVIEW AVENUE	3.3 STREET ADDRESS	777 S. FLAGLER DR. WEST TOWER #1500
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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: *Charles T Noonan* 4-17-98 561-820-9500

CR2E034 (10/97)