

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P35219 (5)

1. Corporation Name

CARDIO-LIFE CORP.



Principal Place of Business

2300 GLADES RD.  
SUITE 200 EAST  
BOCA RATON FL 33431

Mailing Address

2300 GLADES RD.  
SUITE 200 EAST  
BOCA RATON FL 33431

3. Date Incorporated or Qualified  
08/26/1991

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

65-0275059

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHWARZBERG, ROBERT  
2300 GLADES RD.  
SUITE 200 EAST  
BOCA RATON FL 33431

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~PST~~ ☒ DELETE  
NAME ~~ROSENFELD, ARTHUR~~  
STREET ADDRESS ~~2300 GLADES RD.~~  
CITY-ST-ZIP ~~BOCA RATON FL 33431~~

TITLE C ☐ DELETE  
NAME SCHWARZBERG, ROBERT  
STREET ADDRESS 2300 GLADES RD.  
CITY-ST-ZIP BOCA RATON FL 33431

TITLE D ☐ DELETE  
NAME ZISES, SELIG  
STREET ADDRESS 477 MADISON AVE, 14TH FLOOR  
CITY-ST-ZIP NEW YORK NY

TITLE D ☐ DELETE  
NAME ZISES, JAY  
STREET ADDRESS 477 MADISON AVE, 14TH FLOOR  
CITY-ST-ZIP NEW YORK NY

TITLE ~~A~~ ☐ DELETE  
NAME ~~MA~~  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ~~PST~~ ☒ Change ☐ Addition  
1.2 NAME JOHN CALIA  
1.3 STREET ADDRESS 2300 GLADES RD, #200E  
1.4 CITY-ST-ZIP BOCA RATON, FL 33431

2.1 TITLE ~~D~~ ☐ Change ☒ Addition  
2.2 NAME MAGERMAN, JOEL  
2.3 STREET ADDRESS 477 MADISON AVE  
2.4 CITY-ST-ZIP NEW YORK, NY 10022

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN CALIA, PRES. 4/24/96 (407) 362-8642

Date

Daytime Phone #

CR2E034 (12/95)