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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #** P92000003279 (6)

## **FILED** Jan 28 1998 8:00am Secretary of State

## Principal Place of Business   Mailing Address	1. Corporation	O-MED INDUSTRIES, INC.					
SIER MACKSOMILE FL 32294  ACKSOMULE FL 32296  US  DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified 11/10/1992  2. Principal Place of Business 24. Making Address 25. How miber 36. Sulfe, Apt. 4, etc. 27. Sulfe, Apt. 4, etc. 28. Sulfe, Apt. 4, etc. 29. City & State 20. City & State 20. City & State 20. City & State 20. Sulfe, Apt. 4, etc. 20. Sulfe, Apt. 4, etc. 21. Sulfe, Apt. 4, etc. 22. City & State 23. Do Not Write In This SPACE 24. Sulfe, Apt. 4, etc. 25. Contribution Campaign Francing	Principal Plac	ce of Business	Mailing Address			00/00 10/00 1/01 100/00 101/ 1020	
ACKSONVILE FL 32254  B. Principal Place of Business   Zs. Mailing Address   S. Date incorporated or Qualified 11/10/1992  2. Principal Place of Business   Zs. Mailing Address   S. Serie   Active   Applied For   Sulte, Apt. 4, etc.   Sulte, Ap	i .		· ·				
US							
2. Principal Place of Business   2a. Mailing Address   2b. Mailing Address   2c. Mailing		LCC 1 L VEEU7			DO NOT WRITE IN TH	IS SPACE	
11/10/1992	] 00		50				
2. Principal Place of Business   2a. Malling Address   5.   4. FEI Number   5.9-3171202   Not Applicable   Substance   Subst					· · · · · · · · · · · · · · · · · · ·		
Suite, Apt. #, etc.  Suite, Ap	2. Principal F	Place of Business	2a. Mailing Address			Applied For	
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Status Desired   \$8.75 Additional Fore Required   For	21		26		59-3171202	<del></del>	
City & State  28 29 20 20 20 20 20 20 20 20 20 20 20 20 20		#, etc.	<del></del>		5. Certificate of Status Desired		
29   Country   Zip		20		<del></del>			
2D   Country   Zip   Country   Zip   Sign	<del> </del> -	ic.	<del></del>		· · · · - —		
Solution		Country		Country			
9. Name and Address of Current Registered Agent  SCHEU, FRANCIS M 5169 W 12 ST JACKSONVILLE FL 32254  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  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 agent. I am familiar with, and accept the oldipations of, Section 607.0505, And Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. TITLE  D GELETE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME  SCHEU, FRANCIS M  12. SCHEU, FRANCIS M  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. TITLE  D GELETE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. TITLE  D GELETE  15. TITLE  D GELETE  14. CITY-ST-2P  14. CITY-ST-2P  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. TITLE  D GELETE  15. TITLE  D GELETE  16. Change  Addition  17. ST-2P  17. Change  Addition  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. Change  Addition  19. Change  Addition  19. STREET ADDRESS  29. STREET	<b>└</b>	<b>⊢</b> ¬ '	<b>⊢</b> ¬ ' ⊢	<del>,</del>			
SCHEU, FRANCIS M 5169 W 12 ST JACKSONVILLE FL 32254  82   Street Address (P.O. Box Number is Not Acceptable)  83   Street Address (P.O. Box Number is Not Acceptable)  84   City	[ <del></del>			<u>,,, , , , , , , , , , , , , , , , , , </u>			
Signature provisions of Sections SD7.0502 and S07.1508. Florids Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florids Statutes.  11. Pursuant to the provisions of Sections SD7.0502 and S07.1508. Florids Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florids Statutes.  SIGNATURE    12.	St		Treglistered Agont	81 Name	10. Haine and Address of Not Augustic	ou Agoni	
JACKSONVILLE FL 32254    84							
11. Pursuant to the provisions of Sections 607.0502 and 807.1508, 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 agent, and namitar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    SIGNATURE     DATE     DATE   DA	1			82 Street Addr	ess (P.O. Box Number is Not Acceptable)		
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 agent. I arm familiar with, and accept the obligations of, Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I arm familiar with, and accept the obligations of, Section 607.0505, Plorida Statutes, The refusive of agent. I arm familiar with, and accept the obligations of, Section 607.0505, Plorida Statutes, The refusive of agent agent and sule is applicable.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  DELETE  1.1 TITLE  D	9,5	ONOONVILLE I E 32234		83			
11. Pursuant to the provisions of Sections 607 (3502 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, and accept the obligations of, Section 607 (505, Florida Statutes).    Signature						.	
11. Pursuant to the provisions of Sections 607 (502 and 607, 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  SCHEU, FRANCIS M  STREET ADDRESS  CITY-ST-2IP  TITLE  D D DELETE  11. STREET ADDRESS  CITY-ST-2IP  JACKSONVILLE FL  DELETE  12. TITLE  DELETE  13. STREET ADDRESS  CITY-ST-2IP  JACKSONVILLE FL  DELETE  14. TITLE  DELETE  15. TITLE  DELETE  16. TITLE  DELETE  17. STREET ADDRESS  CITY-ST-2IP  TITLE  DELETE  17. STREET ADDRESS  CITY-ST-2IP  TITLE  DELETE  18. TITLE  DELETE  19. TITLE  D				84 City		85 Zip Code	
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SIGNATURE   Control   Co	11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Horida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered and the provisions of the purpose of changing its registered that the provision of the purpose of changing its registered that the provision of the purpose of the purpo						
Signature, typed or prived name of registered agent and the it applicable. (NOTE, Replatened Agent segnature required when neinstating)	agent. I a	ım familiar with, and accept the obliga	tions of, Section 607.0505, Flor	ida Statutes.	,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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CITY-ST-ZIP	NAME	HENDRIX, CHARLES N JR		2,2 NAME		ļ	
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CITY-ST-ZIP							
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CITY-ST-ZIP 6.4 CITY-ST-ZIP				1			
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		portify that the information around a decide	h this filing dose not availé : for		Section 119 07/3)(i) Florida Statutos 15:45-	partify that the information	

indicated on this annual report or si officer or director of the corporation Block 12 or Block 13 if changes, or

RE REQUIRED