FILE NOW: FILING FEE AFTER MAY 1 18 \$225.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS											
[1.	OCUMEN Corporation Name	VT #	P93000	014802	(1)							
	MEDVISOR	PRODI	JCTIONS, INC.									
3	incipal Place of Bus 1/1/5 3767 MY KONOS CT BOCA RATON FL 33 US	Г			3767 MYKNONOS CT BOCA RATON FL 33497				3. Date Incorporated or Qualified 3a. Date of Last Report			
								"	02/19/1993	06/29/1		
2.	Principal Place of E	Principal Place of Business			2a. Mailing Address			4	FEI Number	7 03,23,1	Applied For	
21				26				65-0479656		Not Applicable		
22	Suite, Apt. #, etc.			Suite, Apt. #, etc.				5	Certificate of Status Desired	1 1	75 Additional e Required	
	City & State			City & State				6	. Election Campaign Financing	\$5	.00 May Be	
23				28	·		~~		Trust Fund Contribution		ded to Fees	
1	Ζφ		Country	Zip		Country	/	8	This corporation has liability for		s 199.032,	
24	25 29 30 9. Name and Address of Current Registered Agent							Florida Statutes Yes No 10. Name and Address of New Registered Agent				
	81 Name								To. Hallo and Houses of Hor Hagisteles Agent			
ĺ	HARLING, HARVEY H								P.O. Box Number is Not Acceptate			
	6100 GLADES ROAD SUITE 201							Silvert Address (F.O. DOX Number is Not Acceptable)				
İ	BOCA RATON FL 33434									FL 85	Zip Code	
1	GNATURE		of Sections 607,0502 a i, in the State of Florida e obligations of, Section to discover of registered agent an					orporation board of c	submits this statement for the pu directors. I hereby accept the app		s registered office ed agent. I am	
12		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	OFFICERS AND		1121	13.		Tesponey Wille	ADDITIONS/CHANGES TO OFF		TORS IN 12	
101				DELET	£	1 1 DITLE				∑ Chang	e 🔲 Addition	
NA!	ME SCI REET ADDRESS 476	HWIBNE	r, barry Any trace dr -3	175 My Konos	s c\$	1.2 NAME	T ADORESS	211	5 oruginand	•		
l	Y-S1-7/P BO	CA RAT	ON FL 33487	• •		1.4 C(1)Y-1		5,,	3			
1/1	IF TD			☐ DELET		2 1 71TLE	<u> </u>			K Chang	e [] Addition	
NA	ME SCI	HWIBNE	r, robyn Any trace dr - ?	anen P	64	2.2 NAME			v. at-	•		
\$16	REET ADDRESS 176	10 TIFF	ANY TRACE DR	21.12 Inchesion	· ·	2.3 STREE	I ADORESS	311	5 orugenes et			
	Y-ST-ZIP BO	CA RAT	ON FL 33487	FD co. co		2.4 CITY-	ST-21P		**************************************			
111	001	LIMIDAIC	r, Janet	[] DELET		3 1 TITLE				☆ Chang	e []] Addition	
NAI Ste	ME SOI KEET ADDRESS -176	HOTHE	K, JANET ANY-TRACE DR 3	5775 Duykmos	s et	3.2 NAME 3.3 STREE	T ADDRESS	211	15 multiment			
ı	Y-ST-ZIP BOI	CA RAT	ON FL 33487	O		3.4 CHY-1]	6			
TIT			<u> </u>	[]] DELET	E	4 1 TITLE	V	<u> </u>		☐ Chang	e 🔲 Addition	
NA!	ME					4 2 NAME						
STE	REET ADDRESS				Ī	4.3 STREE	T ADDRESS					
	Y-\$1-7IP			Fred N.F. r.		4.4 CITY-	ST-ZIP	ļ	· · · · · · · · · · · · · · · · · · ·			
TIT	ſ			☐ DEFEI	t	5 1 TITLE				Chang	e	
NA!	ME REET ADDRESS					52 NAME	T #DDDCcc					
Ι΄.	Y-ST-ZIP					54 CITY-S	T ADDRESS St-71P		10000183	24701		
7(1)			states and and the all the holes and the same states at the same state	DELET	E	6 1 TITLE	1 (1) - (1)	†·	-05/22/96010	155NE4Chang	e 🔲 Addition	
NAI	į į					6.2 NAME	11 1		***200.00	remain substitute of		
SIF	EET ADORESS					63 STREE	T ADDRESS			1 C	1	
CIT	Y-ST-ZIP					64 CHY-5	ST-ZIP			5-1-91	G UK	

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 trusted unpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapged, or for an attach tent with an address.

SIGNATURE:

SIGN TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF S

Daytime Prione #