

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

FILED  
May 04 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 # P93000041942 (2)

1. Corporation Name

FONET MEDICAL TECHNOLOGIES, INC.

Principal Place of Business

325 S GARDEN AVE  
CLEARWATER FL 34616

Mailing Address

325 S GARDEN AVE  
CLEARWATER FL 34616

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	4707 140th Ave. North	26	4707 140th Ave. North	06/07/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Suite 211		27 Suite 211		59-3187123	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Clearwater, FL		28 Clearwater, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 33762	25 USA	29 33762	30 USA		

9. Name and Address of Current Registered Agent

SHIELDS, HARRY L  
325 S GARDEN AVE  
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	Suite 210
84	City
85	Zip Code
	Clearwater FL 33762

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIELDS, HARRY L	1.2 NAME	
STREET ADDRESS	325 S GARDEN AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34616	1.4 CITY-ST-ZIP	
TITLE	DVP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIELDS, LARRY R	2.2 NAME	
STREET ADDRESS	7 CIRCLE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	MT VERNON IL 62864	2.4 CITY-ST-ZIP	
TITLE	DP	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAERER, JANIS	3.2 NAME	
STREET ADDRESS	325 S. GARDEN AVE.	3.3 STREET ADDRESS	4707 140th Avenue North, Ste. 211
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	Clearwater, FL 33762
TITLE	DS	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIELDS, SHERRY A	4.2 NAME	
STREET ADDRESS	325 S. GARDEN AVE.	4.3 STREET ADDRESS	4707 140th Avenue North, Ste. 211
CITY-ST-ZIP	CLEARWATER FL 34616	4.4 CITY-ST-ZIP	Clearwater, FL 33762
TITLE	DVP	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHIELDS, DORIS	5.2 NAME	
STREET ADDRESS	7 CIRCLE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MT. VERNON IL	5.4 CITY-ST-ZIP	62864
TITLE		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:

Janis Haerer Janis Haerer

4/24/98 (813) 535-7205

CR2E034 (10/97)