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FILED

Feb 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000057458 (0)

1. Corporation Name

DHANI'S EAGLE PROSTHETICS INC.

Principal Place of Business

1700 DREW ST.  
STE. 3  
CLEARWATER FL 34615

Mailing Address

1700 DREW ST.  
STE. 3  
CLEARWATER FL 34615-6208



3. Date Incorporated or Qualified

08/09/1993

3a. Date of Last Report

09/20/1996

4. FEI Number

65-0427903

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

DHANI, DAVID R  
1700 DREW ST.  
STE. #3  
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

81 Name

JOEL + LYNN DHANI

82 Street Address (P.O. Box Number is Not Acceptable)

1700 DREW ST SUITE 3

83

84 City

CLEARWATER

FL

85 Zip Code

34615

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 *M.R. Dhani*  
Signature (Typed or printed name of registered agent and title, if applicable)

*JOEL B DHANI*  
(NOTE: Registered Agent signature required when resigning)

1-20-97  
DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME DHANI, JOEL B  
STREET ADDRESS 29756 70TH ST. N.  
CITY-STATE-ZIP CLEARWATER FL 34625

TITLE V ☐ DELETE

NAME DHANI, LYNN M  
STREET ADDRESS 29756 70TH ST. N.  
CITY-STATE-ZIP CLEARWATER FL 34625

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

0000020891

-02/17/97--01046--010

\*\*\*173.75

14. I do 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: *M.R. Dhani* M.R. DHANI  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-97 813-446-0211  
Date Daytime Phone #

CR2E034 (9/96)