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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1. Corporation	on Name # P9300	10057458 (U)			
DHANI	'S EAGLE PROSTHETICS	INC.		(1551) TAL 188 (188) (18) ATAN ATAN ATAN ATAN ATAN	1 BAILL 1864 BERE BILGE 1844 1861
Principal Place of Business		Mailing Address			
1700 DREW ST.		1700 DREW ST.			
STE. 3		STE. 3		DO NOT WRITE IN TH	IIS SPACE
CLEARWATER FL 34615		CLEARWATER FL 34615		3. Date incorporated or Qualified	
				08/09/1993	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0427903	Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	le	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24	25	29 33755 -6210	0	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre			10. Name and Address of New Register	ed Agent
D⊁	łani, Joel & Lynn r 🛮 🦯	LYNN	81 Name		
• 1700 DREW ST.			82 Street Address (P.O. Box Number is Not Acceptable)		
\$T	E. #3				
CL	EARWATER FL 34615		83		
			84 City	_	85 Zip Code
					L
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	s, the above-named	corporation submits this statement for the purpos	e of changing its registered
agent. I a	am familiar with, and accept the obli	gations of, Section 607.0505, Flori	ida Statutes.	oration's board of directors. I hereby accept the	appointment as registered
SIGNATURE	MACHARIC	y. Mily	1NN DHA	INI 2-	18-98·
eran menie	Signature, typod or printed name of registered a	<u> </u>	Registered Agent signature	required when reinstating) DAT	E
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	P COST O	☐ DELETË	1.1 TITLE		Change
NAME	DHANI, JOEL B		1.2 NAME	29756 70# St N.#	2
STREET ADDRESS	29758 70TH ST. N.		1.3 STREET ADDRESS	29 156 10 31 10 111	<u> </u>
CITY-ST-ZIP	CLEARWATER FL 34625	III oc. rre	1.4 CITY-ST-ZIP	33761	- To:
TITLE	V DIMAN CAMPARA	☐ DELETÉ	2.1 TITLE	33761 M. LYNN DHANI 29756 70# St N =	Change Addition
NAME		LYNN	2.2 NAME	29756 70# St N #	£2
STREET ADDRESS	29756 70TH ST. N.		2.3 STREET ADDRESS	21.70)
CITY-ST-ZIP	CLEARWATER FL 34625	D DELCTE.	2.4 CITY-SIT-ZIP	33761	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME	!		4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 City-St-Zip		
TITLE		DELETE	5.1 TITLE		Champe Addition

6.4 CITY - ST- ZIP 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.

5.2 NAME

6.1 TITLE .

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

SIGNATURE:

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

22/08

***159.00

70000243977⁴ -02/25/98--01001--020

FILED

Feb 24 1998 8:00am

Secretary of State