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**PROFIT CORPORATION ANNUAL REPORT** 

1998



ELORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT** # P93000063544 (9)

POLLUX ENDOSCOPY, INC.

Principal Place of Business

Mailing Address

4696 N.W. 103RD AVENUE

**SIGNATURE:** 

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4696 N.W. 103RD AVENUE

## FILED Apr 14 1998 8:00am Secretary of State

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1/6/98

(813)630-0612

SUNRISE FL 33351 SUNRISE FL 33351 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/03/1993 2. Principal Place of Business 2a. Mailing Address Applied For 10907 US HWY 92 E 10907 US HWY 92 E. Not Applicable 65-0436776 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П Unit F Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees Country 8. This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name RESCH. MATTHIAS 4696 NW 103RD AVENUE Street Address (P.O. Box Number is Not Acceptable) SUNRISE FL 33351 83 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 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 11 TITLE NAME RESCH. MATTHIAS 1.2 NAME 10907 US Hwy 92 E. #F Seffner, FL 33584 STREET ADDRESS 4696 NW 103RD AVENUE 1.3 STREET ADDRESS SUNRISE FL 33351 CITY-ST-ZIP 1.4 CiTY-ST-ZIP DELETE Change 21 TITLE NAME RESCH, PRECIOUS J. 2.2 NAME 10907 US Hwy 92 E. #F STREET ADDRESS 4696 NW 103RD AVENUE 2.3 STREET ADDRESS Seffrer FL 33584 CITY-ST-ZIP SUNRISE FL 2. 4 CITY - ST-ZIP DELETE Change ☐ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 44 CITY-ST-ZIP DELETE TITLE 51 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE & 1 TITLE NAME R 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 suppliemental 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.

Precious J Resch