

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

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000082610 (5)

1. Corporation Name
CYCLOTEC MEDICAL INDUSTRIES, INC.



Principal Place of Business 1910 MIAMI COURT MIAMI FL 33132 US	Mailing Address 1910 MIAMI COURT MIAMI FL 33132-1027 US
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3. Date Incorporated or Qualified 11/24/1993	3a. Date of Last Report 04/10/1996
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2. Principal Place of Business 21 1910 N.E. MIAMI CT Suite, Apt. #, etc. 22 City & State MIAMI, FL 23 Zip 33132 24 Country USA	2a. Mailing Address 26 1910 N.E. MIAMI CT. Suite, Apt. #, etc. 27 City & State MIAMI, FL 28 Zip 33132 29 Country USA
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4. FEI Number 65-0457988	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MICHELSON, STEPHEN A
1000 QUAYSIDE TERRACE
APT. 1711
MIAMI FL 33138

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0500 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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



(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/97

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MICHELSON, STEPHEN A	
STREET ADDRESS	1000 QUAYSIDE TERRACE, #1711	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MANNHEIMER, JEFF	
STREET ADDRESS	1145 NORTHWEST 11 STREET, SUITE 126-B	
CITY-ST-ZIP	MIAMI FL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	SAFFER, BRIAN	
STREET ADDRESS	1145 NORTHWEST 11 STREET, SUITE 126-B	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MICHELSON, STEPHEN A	
1.3 STREET ADDRESS	1000 QUAYSIDE TERRACE #1711	
1.4 CITY-ST-ZIP	MIAMI, FL 33138	
2.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MANNHEIMER, JEFFREY	
2.3 STREET ADDRESS	123 FRANKLIN CORNER ROAD, #103	
2.4 CITY-ST-ZIP	LAWRENCEVILLE, NJ 08648	
3.1 TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SAFFER, BRIAN	
3.3 STREET ADDRESS	77 WINDCHIP ROAD	
3.4 CITY-ST-ZIP	SUMMIT, NJ 07901	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 attached list, an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0176829

CR2034 (9/96)