

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

FILED

May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000082610 (5)

1. Corporation Name

CYCLOTEC MEDICAL INDUSTRIES, INC.



Principal Place of Business

1910 NE MIAMI CT
MIAMI FL 33132
US

Mailing Address

1910 MIAMI COURT
MIAMI FL 33132
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/24/1993

4. FEI Number

65-0457988

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21 4871 NW 65th AVENUE
Suite, Apt. #, etc.

22

23 City & State
LAUDERHILL, FL

24 Zip
33319

25 Country
USA

2a. Mailing Address

26 4871 NW 65th AVE.
Suite, Apt. #, etc.

27

28 City & State
LAUDERHILL, FL

29 Zip
33319

30 Country
USA

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
MICHELSON, STEPHEN A

82 Street Address (P.O. Box Number is Not Acceptable)
4871 NW 65th AVENUE

83

84 City
LAUDERHILL

FL

85 Zip Code
33319

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

TITLE PM ☐ DELETE

NAME MICHELSON, STEPHEN A
STREET ADDRESS 1000 QUAYSIDE TERRACE, #1711
CITY-ST-ZIP MIAMI FL

TITLE DP ☐ DELETE

NAME MANNHEIMER, JEFFREY
STREET ADDRESS 123 FRANKLIN CORNER RD, 103
CITY-ST-ZIP LAWRENCEVILLE NJ

TITLE C ☒ DELETE

NAME SAFFER, BRIAN
STREET ADDRESS 77 WINCHIP ROAD
CITY-ST-ZIP SUMMIT NJ

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PM ☒ Change ☐ Addition

1.2 NAME MICHELSON, STEPHEN A
1.3 STREET ADDRESS 4871 NW 65th AVENUE
1.4 CITY-ST-ZIP LAUDERHILL, FL 33319

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE C ☒ Change ☐ Addition

3.2 NAME ROBERT S. GEIGER
3.3 STREET ADDRESS 1428 BRICKELL AVENUE - 5th FLOOR
3.4 CITY-ST-ZIP MIAMI, FL 33131

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 assignee 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 the attachment with a signature.

SIGNATURE

[Signature]

4/22/98 954 746 8330

CR2E034 (10/97)