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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

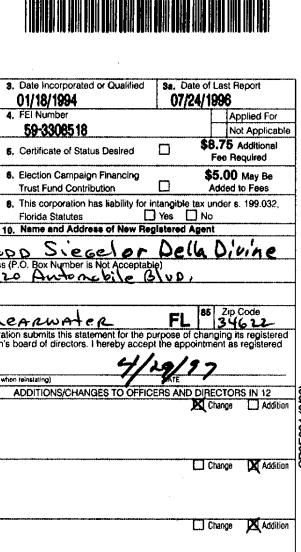
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400003932 (8)

MEDICATION MANAGEMENT TECHNOLOGIES, INC.

Principal Place of Business Mailing Address 12920-M AUTOMOBILE BLVD. 12920-M AUTOMOBILE BLVD. CLEARWATER FL 34622-4734 **CLEARWATER FL 34622** Sa. Date of Last Report 3. Date incorporated or Qualified 01/18/1994 07/24/1996 2. Principal Place of Business Applied For 2a. Mailing Address 4, FEI Number 59-3308518 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Added to Fees Trust Fund Contribution Zip Country Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CONIN. MICHAEL T 911 CHESNUT STREET 82 Street Address (P.O. Box Number is Not Acceptable) 12920 **CLEARWATER FL 34816** Antone 83 Zip Code 34622 84 City Learwater 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 mit, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PETT CEO, D DELETE Change \_\_\_ Addition 1.1 TITLE TITLE SIEGEL, TODO T NAME 1.2 NAME 12920 AUTOMOBILE STREET ADDRESS 1.3 STREET ADDRESS CLEARWATER FL 34622 CITY - \$1 - 7(P 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME Michael 2.2 NAME 12920 Automobile BluD. STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP LEARWATER, fl 34622 2.4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE S,D,T Michael Congoy NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 12920 Automobile 3.4. CITY-ST-ZIP CHTY-ST-7IP C- CARWATER, FL DELETE TifLE 4.1 TITLE Change Addition NAME 4.2 NAME John Stan 4.3 STREET ADDRESS STREET ADDRESS 12920 Automobile Blue 4.4 CITY-ST-ZIP CITY-ST-ZIP Clearwater, DELETE TITLE 5.1 TITLE .... Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CDY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition 61 Title TITLE NAME 62 NAME STREET ADDRESS **63 STREET ADDRESS** 64 CITY - ST-ZIP

**FILED** May 19 1997 8:00am Secretary of State



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 pame appears in Block 12 or Block 13 if changed, or on an attachagent with an address.

SIGNATURE:

MICHAEL & CONRAY Yhr