FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

INA	ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS						
DOCU 1. Corpora	UMENT # P940	000026513 (9)				
MAR	RINE MEDICA, INC.				I TABIITAI IYA NARKI BIRJI BAJII ABIII	DARK DARK HIND BRIDE	ENGRANDAN DAN KATA
 Principa' Pla	ace of Business	Mailing Address					
5713 CORPORATE WAY SUITE 100 WEST PALM BEACH FL 33408 5713 CORPORATE W. SUITE 100 WEST PALM BEACH FL 33408 SUITE 100 WEST PALM BEACH							
					3. Date Incorporated or Qualified 04/06/1994	3a. Date of Las 07/20/1	
2. Principal	Place of Business	2a. Mailing Address 26			4. FEI Number 65-0487755	-	Applied For Not Applicable
Suite, Ar	ot. #, etc.	Suite, Apt. #, etc.	·		5. Certificate of Status Desired		75 Additional se Required
City & St	tate	City & State			6. Election Campaign Financing	□ \$5	.00 May Be
Ζφ 	Country	Zip	Col	intry	Trust Fund Contribution 8. This corporation has liability for it	ntangible tax under	ded to Fees s 199.032,
L	9. Name and Address of Co	29 urrent Registered Agent	30	······································	Florida Statutes Yes No 10. Name and Address of New Registered Agent		
				81 Name		ogistores Agont	
KRAMER, SCOTT 1455 U.S. HWY, ONE				82 Street Addr	Street Address (P.O. Box Number is Not Acceptable)		
SUITE				83			
	BEACH FL 33408						
				84 City FL 85 Zip Code			
or regist familiar v SIGNATURE	-				ation submits this statement for the puri d of directors. I hereby accept the appo	oose of changing it intment as register	в registered опісе ed agent. I am
2.	Signature: typical or printent nature of registered OFFICERS	agent and title if applicable (f S AND DIRECTORS	NOTE: Registered	Agent aignature require	d when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CEDS AND DIDECT	TODO IN 10
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14. I do hereby certify that the information supplied with this filing is voluntarily however and does not qualify for the exemption stated in Section J 19.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental execute true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the corporation or the receive or trustee acconvered to execute this epoor as required by Ghapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed are on an attachment with an address.

SIGNATURE: X

les. 1/29/96 215-132-197