

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1996



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

DOCUMENT # **P94000078991 (4)**

1. Corporation Name

**IDEAL HEALTH SYSTEMS, INC.**



Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
5350 N.W. 35TH AVE 100 CYPRESS CREEK RD FT. LAUDERDALE FL 33309 US		5350 N.W. 35TH AVE 100 CYPRESS CREEK RD FT. LAUDERDALE FL 33309 US		10/27/1994	08/01/1995
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For		
21 5350 N.W. 35th Ave.	26 5350 N.W. 35th Ave.	65-0595669	Not Applicable		
22 Suite, Apt #, etc.	27 Suite, Apt #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required		
23 Ft. Lauderdale, Florida	28 Ft. Lauderdale, Florida	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees		
24 Zip 33309	25 Country USA	29 Zip 33309	30 Country USA	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		10. Name and Address of New Registered Agent			
EHRETS, MARK A 5350 N.W. 35TH AVE. SUITE 830 FT. LAUDERDALE FL 33309		81 Name	Ernie Hoffman		
		82 Street Address (P.O. Box Number is Not Acceptable)	5350 N.W. 35th Avenue		
		83			
		84 City	FL	85 Zip Code	33309

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: Ernest Hoffman President - U.S. - Secretary DATE: 6/28/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
P	HOCHHAUSER, STEVE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Remove Steve Hochhauser as officer and Director
V	EHRETS, MARK A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Remove Mark Ehrets as officer and Director
S	HOFFMAN, ERNIE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Add Title of President and Vice President to Ernie Hoffman
T	WRIGHT, DON	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exempt or stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] DATE: 6/28/96 (54) 735-5071

CR2E034 (3/96)