## 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

## POCUMENT # P9400083678 (0) QUIKMED, INC.

Principal Place of Business

235 N UNIVERSITY OR PEMBROKE PINES FL 33024 US

2. Principal Place of Business

Mailing Address

2a. Mailing Address

235 N UNIVERSITY DR PEMBROKE PINES FL 33024-6715

## FILED Mar 13 1997 8:00am Secretary of State



3a. Date of Last Report 02/06/1996

Applied For

3. Date Incorporated or Qualified

11/10/1994 4. FEI Number

1 667	O VILLA	SONRISA W	K 26	6670	Villa	Son	RISA A	€	65-0532785			Not Applicable	
Sulte, Apt.	-		Suite 27	e, Apt. #, e	to			Ţ	. Certificate of Status Desired			5 Additional Required	
City & State	B _	······································	City	& State		<del>_</del>		6	Election Campaign Financing			OO May Be	
BOC	A KATO	N. FL	28 B	oca 1	RATON	. 1	ti	"	Trust Fund Contribution			ed to Fees	
Zip	i	Country	Zip			Country	· · · · · · · · · · · · · · · · · · ·	8	This corporation has liability for				
<b>334</b>	33 25	PALM BENCH	29 3	3473	30	PALI	n BBOUH				] No	1 0. 100.002,	
		Address of Current	l Registered	Agent				10	. Name and Address of New R	egistered	Agent		
UDE			81	Name			_						
235 NORTH UNIVERSITY DRIVE PEMBROKE PINES FL 33024							82 Street Address (P.O. Box Number is Not Acceptable)						
						83							
						84	City				85 7	ip Code	
							Ony			FL		ip code	
11. Pursuant t	to the provisions	of Sections 607.0502	2 and 607.15	08, Florida	Statutes, th	e above	e named corp	oratio	on submits this statement for the board of directors. I hereby acce	purpose o	changin	g its registered	
agent la	egistered agent, m familiar with, e	and accept the obliga	of Florida, Stations of, Soc	uen change tion 607.05	e was autno 505, Florida	rizeo by Statutes	tne corporati s.	ion s	board of directors, I hereby acce	ept the app	iointment	as registered	
SIGNATURE													
	Signature, typed or pri	inted name of registered ager					int signature require			DATE			
12.	PD	OFFICERS AND	) DIRECTOR			13.			ADDITIONS/CHANGES TO OFFI	CERS AND			
TITLE	SIEGEL, LAW	/DENCE		L DELE		I.1 TITLE					Chang	ge 🔲 Addition	
NAME	285 N UNIVE				<b>1</b> 1	1.2 NAME							
STREET ADDRESS	PEMBROKE I				1	1.3 STREET	ADDRESS						
CITY-ST-ZIP	and the same	rineo fl				I.4 CITY-S	1-ZIP		·				
TITLE	DST PANIE	<b>:</b> 1		DELE		2.1 TITLE					☐ Chang	ge L Addition	
NAME	KULA, DANIE 235 N UNIVE				1	2.2 NAME							
STREET ADDRESS					2	3 STREET	ADORESS						
CITY-ST-ZIP	PEMBROKE (	PINEO FL				2. 4 CITY - 9	ST - ZIP						
TITLE	KALISH, ERR	ńι		DELE	<b>f</b> '	3.1 TITLE	- 1		;		☐ Chang	ge	
NAME	235 N UNIVE				3	3.2 NAME							
STREET ADDRESS	PEMBROKE I				3	3.3 STREET	ADDRESS						
CITY-ST-ZIP	PEMDRUNE I	rineo fl		T 35.5		3.4. CITY - S	31 - ZIP						
TITLE				☐ DELE		I.1 TITLE					∐ Chang	e L Addition	
NAME						1. 2 NAME	1						
STREET ADDRESS					4	L3 STREE1	ADDRESS						
CITY-ST-ZIP		<del></del>				I.4 CHTY-S	1 - ZIP						
TITLE	4			☐ DELE		5.1 TITLE					Chang	ge L Addition	
NAME						2 NAME							
STREET ADDRESS						3 STREET	1						
CITY-ST-ZIP	<del></del>			T 1.66 =		.4 CITY - S	1-2IP				T 7 61		
TITLE				DELE		i.1 TITLE	,				☐ Chang	e L Addition	
NAME						3.2 NAME						i	
STREET ADDRESS					6	3.3 STREE1	ADDRESS						
CITY-ST-ZIP						4 CITY-S						·	
									ection 119.07(3)(i), Florida Statute ignature shall have the same leg equired by Chapter 607, Florida				