

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

FILED
May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000019080 (7)

1. Corporation Name
SAFETY MEDICAL MARKETING, INC.

Principal Place of Business

Mailing Address

411 N BRIGGS AVE
UNIT 403
SARASOTA FL 34327
US

411 N BRIGGS AVE.
UNIT 403
SARASOTA FL 34237-5252
US

2. Principal Place of Business

2a. Mailing Address

21 1232 NORTHPORT DR.

26 1232 NORTHPORT DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 SARASOTA, FL

28 SARASOTA, FL

Zip

Country

Zip

Country

24 34242

25 USA

29 34242

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/06/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0565203

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

MARTINEAU, WILLIAM J
41 N BRIGGS AVE
UNIT 403
SARASOTA FL 34237

81 Name

JOSEPH G. SCHRAMM

82 Street Address (P.O. Box Number is Not Acceptable)

1232 NORTHPORT DR.

83

84 City

SARASOTA

FL

85 Zip Code

34242

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

4-25-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D
NAME
MARTINEAU, WILLIAM J
STREET ADDRESS
411 N BRIGGS AVE, UNIT 403
CITY - ST - ZIP
SARASOTA FL

DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

Change Addition

TITLE

D
NAME
SCHRAMM, JOSEPH J
STREET ADDRESS
15561 IONA LAKES DR.
CITY - ST - ZIP
FT. MYERS FL 33908

DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

PRESIDENT

SCHRAMM, JOSEPH G.

1232 NORTHPORT DR.

SARASOTA, FL 34242

Change Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

Change Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

Change Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

Change Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Change Addition

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 name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-97

Date

941-349-4230

Daytime Phone #

CR2E034 (9/96)