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 # 1. Corporation Name P95000019254 (8)

MED TEC EXPO INC.



STULIN SS ANTH: EG

SECRETARY OF STATE



Principal Place	e of Business	Mailing	Mailing Address				1 185/108/ 116 1010/ 5/// DOKU 90/// SEH/ 00/04 114		
25 BETHEL LOOP ENTERPRISE FL 32738		P.O. B ENTER	P.O. BOX 4313 ENTERPRISE FL 32725-0313						
							03/07/1995	Date of Last R)/17/1996	,
	ace of Business	\vdash	ding Address				4. FEI Number		oplied For
Suite, Apt.	# 010	26	Suite, Apt. #, etc.				APMINISTER 57-3423		ot Applicable Additional
22	#, dio.	├ ──	27				5. Certificate of Status Desired		equired
City & State)		City & Stato				6. Election Campaign Financing	\$5.00	May Be
23		28					Trust Fund Contribution		to Fees
Zip	Country	├─¬ ' ├─¬			ntry	•	8. This corporation has liability for intangible		. 199.032,
24	4 25 29 :			30	Florida Statutes Pyes No 10. Name and Address of New Registered Agent				
					81 Name				
TANNER, MARK H						0:	(D.O. D. Markett L. Markette		
25 Bethel Loop Enterprise FL 32738					82	Street Add	dress (P.O. Box Number is Not Acceptable)		
ENI	EMPHIOL PL 02/00				83				
					84	City		85 Zip	Code
						'	<u>Fl</u>	L '	
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 age				d Ago	por proteing a line	ured when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECTAL	70 (N) 42
12.	OFFICERS ANI	DIRECTO	DELETE	13.	TI F	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHAINGES TO OFFICERS AN	Change	Addition
NAME	D Reiss, Joseph R		C) Present	1.2 N/		ļ	40000222 4 -06/26/970	274	3
STREET ADDRESS	2061 KEDGE DRIVE					ADDRESS	-06/26/970)1098(J23
CITY-ST-ZIP	VIENNA VA 22181		1.4 0			ST - ZIP	****165.00	****16	35.00
TITLE			2.1 TI	TLE			☐ Change	Addition	
NAME	REISS, JUDITH			2.2 N/	AME				
STREET ADDRESS	2061 KEDGE DRIVE		23		2.3 STREET ADDRESS				
CITY-ST-ZIP	VIENNA VA 22181					S1-7IP			
TITLE	D		☐ DELETE		FLE		•	☐ Change	☐ Addition
NAME	TÄNNER, MARK H		•		3.2 NAME				
STREET ADDRESS	EO DETITIES COO!				ADDRESS				
CITY ST-ZIP			3.4. C 4.1 TI		ST - ZIP		Change	Addition	
NAME I				4 2 N					
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP						ST - ZIP			
TITLE	***************************************		☐ DELETE	5.1 TI				Change	Addition
NAME				5.2 NAME					
STREET ADDRESS	SS		5.3 S1	5.3 STREET ADDRESS		1 11			
CITY-ST-ZIP						ST - ZIP	u'. Was	ν_{-}	
TITLE			☐ DELETE	6.1 11			U. Alas U/23/	Change	Addition
NAME				6.2 N/			U1231	97	
Street address						ADDRESS	/ /	′ /	
CITY-ST-ZIP				6.4 CI	TY-S	T-ZIP			

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 12 or Block 12 or no an attachment with an address.