

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

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May 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000069464 (2)

1. Corporation Name

J. ROSEN AND CO./MEDGEAR, INC.



Principal Place of Business 6425 COWPEN RD P 110 MIAMI LAKES FL 33014 US	Mailing Address 6525 COWPEN RD P 110 MIAMI LAKES FL 33014 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 13450 SW 3rd ST Suite, Apt. #, etc. 22 D-402 City & State 23 Pembroke Pines FL Zip 24 33027 Country 25 BROWARD		2a. Mailing Address 26 13450 SW 3rd ST Suite, Apt. #, etc. 27 D-402 City & State 28 Pembroke Pines FL Zip 29 33027 Country 30 BROWARD		3. Date Incorporated or Qualified 09/08/1995	
9. Name and Address of Current Registered Agent HARRIS, JAMES C 6425 #P111 MIAMI LAKES FL 33014		10. Name and Address of New Registered Agent 81 Name HARRIS JAMES C. 82 Street Address (P.O. Box Number is Not Acceptable) 13450 SW 3rd ST 83 D-402 84 Pembroke Pines FL 85 Zip Code 33027		4. FEI Number 65-0611416 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	HARRIS, JAMES C	1.2 NAME	HARRIS, JAMES C.
STREET ADDRESS	6425 COWPEN RD #P110	1.3 STREET ADDRESS	13450 SW 3rd ST D-402
CITY-ST-ZIP	MIAMI LAKES FL	1.4 CITY-ST-ZIP	Pembroke Pines FL 33027
TITLE	ST	2.1 TITLE	ST
NAME	HARRIS, SHAYNA	2.2 NAME	HARRIS SHAYNA
STREET ADDRESS	6425 COWPEN RD P110	2.3 STREET ADDRESS	13450 SW 3rd ST D-402
CITY-ST-ZIP	MIAMI LAKES FL	2.4 CITY-ST-ZIP	Pembroke Pines FL 33027
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:  SHAYNA HARRIS 4-27-98 954 4429770

CR2E034 (10/97)