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May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000071392 (1)

1. Corporation Name
SIMPLEX MEDICAL SYSTEMS, INC.

Principal Place of Business

430 ANSIN BLVD.
G
HALLANDALE FL 33009
US

Mailing Address

430 ANSIN BLVD.
G
HALLANDALE FL 33009-3112
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified
09/15/1995

3a. Date of Last Report
05/01/1996

4. FEI Number

65-0613049

Applied For

Not Applicable

5. Certificate of Status Desired

xx

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

0

\$5.00 May Be
Added to Fees

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

0

Yes

No

9. Name and Address of Current Registered Agent

TRAFTON, JOHN E.
285 SUNRISE DR APT 16
SUITE 1900
HALLANDALE FL 33149

10. Name and Address of New Registered Agent

81 Name

Schur, Henry B.

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

430 Ansin Blvd., Suite G

83

84 City

Hallandale

FL

85 Zip Code

33009

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

Henry B. Schur

Henry B. Schur

4/30/97

DATE

12. OFFICERS AND DIRECTORS

TITLE DV
NAME SCHUR, HENRY B
STREET ADDRESS 460 POINCIANA DRIVE
CITY-ST-ZIP HALLANDALE FL

TITLE DST
NAME FARO, JOHN H
STREET ADDRESS 1451 W. CYPRESS CREEK RD.
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE D
NAME NASSBERG, SHELDON
STREET ADDRESS 460 POINCIANA DRIVE
CITY-ST-ZIP HALLANDALE FL 33009

TITLE DP
NAME TRAFTON JOHN E.
STREET ADDRESS 430 ANSIN BLVD. STE G
CITY-ST-ZIP HALLANDALE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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, 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 or Block 14 or in an attachment with an address.

SIGNATURE: Nicholas G. Levandoski

4/30/97

(954) 455-0110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0113333

CR2E034 (9/96)