

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

FILED
Jan 23 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P95000090451 (2)

1. Corporation Name
SHARK MEDICAL, INC.

| | |
|--|---|
| Principal Place of Business 12402 N. 56TH STREET SUITE 2 TAMPA FL 33617 US | Mailing Address 5279 ISLA KEY BLVD SUITE 214 ST. PETERSBURG FL 33715 US |
|--|---|

DO NOT WRITE IN THIS SPACE

| | | |
|--|--------------------------------|--|
| 3. Date Incorporated or Qualified 11/27/1995 | 4. FEI Number 59-3353069 | Applied For <input type="checkbox"/> 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 type="checkbox"/> No | | |

| | |
|--|---|
| 2. Principal Place of Business 21 17711 Ridgeway Pt Pl Suite, Apt. #, etc. | 2a. Mailing Address 26 17711 Ridgeway Pt Pl Suite, Apt. #, etc. |
| 22 City & State 23 Tampa, FL Zip 24 33647 Country 25 USA | 27 City & State 28 Tampa, FL Zip 29 33647 Country 30 USA |

9. Name and Address of Current Registered Agent

DAWN SMITH NOBLES
5279 ISLA KEY BLVD
SUITE 214
ST. PETERSBURG FL 33715

10. Name and Address of New Registered Agent

| | | | | |
|------------------------|---|----|------------------|-------------------------|
| 81 Name Dawn Golden | 82 Street Address (P.O. Box Number is Not Acceptable) 17711 Ridgeway Pt Pl | 83 | 84 City Tampa | 85 Zip Code FL 33647 |
|------------------------|---|----|------------------|-------------------------|

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

Dawn Golden
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/13/98

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------|---|--|
| TITLE | P | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COOKE, JAMES M | 1.2 NAME | |
| STREET ADDRESS | 991 SOMERSET DR. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ATLANTA GA | 1.4 CITY-ST-ZIP | |
| TITLE | VP | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHARF, JOHN MD | 2.2 NAME | |
| STREET ADDRESS | 13 SUNNYPPOINT COURT | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | OLDSMAR FL 34877 | 2.4 CITY-ST-ZIP | |
| TITLE | ST | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NOBLES, DAWN S | 3.2 NAME | DAWN GOLDEN |
| STREET ADDRESS | 5279 ISLA KEY BLVD #214 | 3.3 STREET ADDRESS | 17711 Ridgeway Point Place |
| CITY-ST-ZIP | ST PETERSBURG FL | 3.4 CITY-ST-ZIP | Tampa, FL 33647 |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:

Dawn Golden

1/13/98 813-991-7348

CR2E034 (10/97)