

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000010567 (1)**

1. Corporation Name

MEDICAL HIGH TECHNOLOGY INTERNATIONAL, INC.



Principal Place of Business 13825 ICOT BLVD., STE. 613 CLEARWATER FL 34620	Mailing Address 13825 ICOT BLVD., STE. 613 CLEARWATER FL 34620
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 <u>14155</u> <u>58th Street North</u>	26 <u>14155</u> <u>58th Street North</u>	3. Date Incorporated or Qualified 01/30/1996	3a. Date of Last Report
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-2170467	Applied For Not Applicable
23 City & State Clearwater, FL	28 City & State Clearwater, FL	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
24 Zip 34620	25 Country USA	29 Zip 34620	30 Country USA

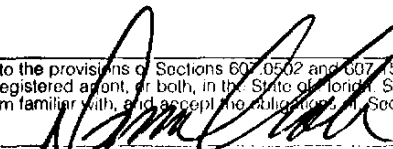
9. Name and Address of Current Registered Agent

COLE, DENNIS D
13825 ICOT BLVD., STE. 613
CLEARWATER FL 34620

10. Name and Address of New Registered Agent

81 Name Dennis D. Cole
82 Street Address (P.O. Box Number is Not Acceptable)
83 14155 58th Street North
84 City Clearwater
85 Zip Code FL 34620

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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  **Dennis D. Cole** Director September 8, 1997

Signature of or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BAKER, MYRON A		1.2 NAME Baker, Myron A.	
STREET ADDRESS 18825 ICOT BLVD., STE. 613		1.3 STREET ADDRESS 14155 58th Street North	
CITY-ST-ZIP CLEARWATER FL 34620		1.4 CITY-ST-ZIP Clearwater, FL 34620	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ZANI, GUY JR.		2.2 NAME Zani, Guy Jr.	
STREET ADDRESS 18825 ICOT BLVD., STE. 613		2.3 STREET ADDRESS 14155 58th Street North	
CITY-ST-ZIP CLEARWATER FL 34620		2.4 CITY-ST-ZIP Clearwater, FL 34620	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COLE, DENNIS D		3.2 NAME Cole, Dennis D.	
STREET ADDRESS 18825 ICOT BLVD., STE. 613		3.3 STREET ADDRESS 14155 58th Street North	
CITY-ST-ZIP CLEARWATER FL 34620		3.4 CITY-ST-ZIP Clearwater, FL 34620	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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:  **Dennis D. Cole** Director

September 8, 1997

(813) 535-2022

CR2E034 (4/97)