
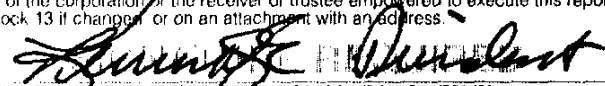


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 29 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 # P96000028333 (8) 1. Corporation Name INTERANTIONAL MEDICAL EXPORTERS, INCORPORATED					
Principal Place of Business 13041 YAUPON PLACE JACKSONVILLE FL 32246			Mailing Address 13041 YAUPON PLACE JACKSONVILLE FL 32246-4147		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 P.O. Box 551074 27 Suite, Apt. #, etc. 28 Jacksonville, FL 29 Zip 30 Country		3. Date Incorporated or Qualified 03/28/1996 3a. Date of Last Report 3/28/1996 4. FEI Number 59-3377734 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent AKEL, DANIEL D 2301 INDEPENDENT SQUARE ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
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					
TITLE	D	<input type="checkbox"/> DELETE			
NAME	DYE, KENNETH R				
STREET ADDRESS	13041 YAUPON PLACE				
CITY-ST-ZIP	JACKSONVILLE FL 32246				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	PETROU, STEVE				
STREET ADDRESS	13041 YAUPON PLACE				
CITY-ST-ZIP	JACKSONVILLE FL 32246				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	AGNEW, RICHARD G				
STREET ADDRESS	13041 YAUPON PLACE				
CITY-ST-ZIP	JACKSONVILLE FL 32246				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	FEINGLASS, NEIL G				
STREET ADDRESS	13041 YAUPON PLACE				
CITY-ST-ZIP	JACKSONVILLE FL 32246				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME	Dye, Kenneth R.				
1.3 STREET ADDRESS	13041 Yaupon Place				
1.4 CITY-ST-ZIP	Jacksonville, FL 32246				
2.1 TITLE	T/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME	Petrou, Steven P.				
2.3 STREET ADDRESS	P.O. Box 550761				
2.4 CITY-ST-ZIP	Jacksonville, FL 32255				
3.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME	Agnew, Richard G.				
3.3 STREET ADDRESS	P.O. Box 551074				
3.4 CITY-ST-ZIP	Jacksonville, FL 32255				
4.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME	Feinglass, Neil G.				
4.3 STREET ADDRESS	752 Shipwatch Drive East				
4.4 CITY-ST-ZIP	Jacksonville, FL 32225				
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 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:  4/17/97 (904) 221-7227					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/96)