

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

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 JUN 24 PM 12:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # **P96000043989 (8)**

1. Corporation Name  
**MEDTEXX PARTNERS, INC.**

Principal Place of Business  
**2295 CORPORATE BOULEVARD N.W.  
SUITE 131  
BOCA RATON FL 33431**

Mailing Address  
**2295 CORPORATE BOULEVARD N.W.  
SUITE 131  
BOCA RATON FL 33431-7330**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

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2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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30

3. Date Incorporated or Qualified  
**05/23/1996**

3a. Date of Last Report

4. FEI Number

**65-0673509**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**GERSON, GARY N  
1845 PALM BEACH LAKES BOULEVARD  
SUITE 1200  
WEST PALM BEACH FL 33401**

81 Name

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

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**  DELETE  
NAME **SENG, TEE K**  
STREET ADDRESS **POST OFFICE BOX 9**  
CITY-ST-ZIP **34600 KAMUNTING TAIPING (N/A)**

TITLE **D**  DELETE  
NAME **SINGH, BALVINDER**  
STREET ADDRESS **2295 CORPORATE BOULEVARD N.W.**  
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **D**  DELETE  
NAME **FORSTER, WILLIAM A**  
STREET ADDRESS **2295 CORPORATE BOULEVARD N.W.**  
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DIRECTOR**  Change  Addition  
1.2 NAME **KOK SENG, TEE**  
1.3 STREET ADDRESS **P.O. Box 9**  
1.4 CITY-ST-ZIP **34600 KAMUNTING, TAIPING, MALAYSIA (N/A)**

2.1 TITLE  Change  Addition  
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 **DIRECTOR**  Change  Addition  
4.2 NAME **BOK TEK, LOW**  
4.3 STREET ADDRESS **P.O. Box 9**  
4.4 CITY-ST-ZIP **34600 KAMUNTING, TAIPING, MALAYSIA (N/A)**

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

6.1 TITLE  Change  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 my attachment with an address.

SIGNATURE

*[Handwritten Signature]*

4/28/97

511-990-2112

CR2E034 (9/96)