

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.)

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>	FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---



DOCUMENT # **P96000044617 (4)**

1. Corporation Name  
**CLICK OK, INC.**

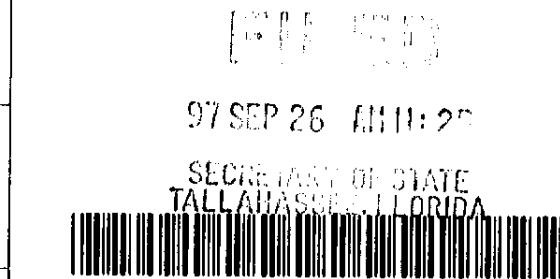
Principal Place of Business  
**C/O HENRY L. LAWS, II. DEPT SURGICAL EDUC.  
1600 CARRAWAY BLVD. 4TH FLOOR  
BIRMINGHAM AL 34234**

Mailing Address  
**C/O HENRY L. LAWS, II. DEPT SURGICAL EDUC.  
1600 CARRAWAY BLVD. 4TH FLOOR  
BIRMINGHAM AL 34234**

2. Principal Place of Business  
**21 4660 N. UNIVERSITY DR**  
Suite, Apt. #, etc.  
**22**  
City & State  
**23 FT. LAUDERDALE FL**  
Zip **24 33351** Country **25 US**

26 Mailing Address  
**26 4660 N. UNIVERSITY DR**  
Suite, Apt. #, etc.  
**27**  
City & State  
**28 FT. LAUDERDALE FL**  
Zip **29 33351** Country **30 US**

3. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**



DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified <b>05/24/1996</b>	3a. Date of Last Report
4. FEI Number <b>63-1172032</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

10. Name and Address of New Registered Agent	
81 Name	<b>FL</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>85 Zip Code</b>
83	
84 City	

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]* Signature, typed or printed name of registered agent and line if applicable (NOTE: Registered Agent signature required when reinstating) DATE *[Date]*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWS, HENRY L II PO BOX 530752 BIRMINGHAM AL 34253-0752	<input type="checkbox"/> DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <b>300002306653</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>-09/29/97-00062-000</b> <input type="checkbox"/> Addition <b>****750.00 ****750.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWS, HENRY L III PO BOX 530752 BIRMINGHAM AL 34253-0752	<input type="checkbox"/> DELETE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE 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 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 *[Signature]*

01/01/97

05/11/5/11-8/1/01 X 11

CR2E034 (4/97)