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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT Socretary of State

Apr 16 1997 8:00am Secretary of State

1997 DIVISION OF COMPONATIONS							
DOCUMENT # P96000071586 (7) DJ MEDICAL INTERNATIONAL, INC.					I CORNOCK FOR INSID RANGE CANDE ARMIT ROOMS BROWN IN THE STREET FOR A STREET CONTRACTOR OF THE STREET		
Principal Place of Business Mailing Address							
1321 OLASSIC DRIVE LONGWOOD FL 32779		1321 CLASSIC DRIVE LONGWOOD FL 32779-5816					
LUNGWUUD FI	L 32119	CONONOOD PL 32/18-3010	,				
					3. Date Incorporated or Qualified 3a. 08/26/1996	Date of Last Report	
2. Principal P	lace of Business	28. Mailing Address	28. Mailing Address		4. FEI Number	Applied For	
21		26			39-3410465	Not Applicable	
Suite, Apt.	#, etc.	Sude, Apt. #, etc.	1		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	0	City & State	a	_	6. Election Campaign Financing	\$5.00 May Be	
23	28				Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country		8. This corporation has liability for intangil		
24	25		30		Florida Statutes Yes		
	9. Name and Address of Curre	ent Registered Agent	81	Name	10. Name and Address of New Registers	ed Agent	
DRAZEN, DENNIS M 1321 CLASSIC DRIVE LONGWOOD FL 32779			82 83		ress (P.O. Box Number is Not Acceptable)	. 85 Zip Code	
11. Pursuant office or agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Statim familiar with, and accept the oblig	gations of, Section 607.0505, Flo	rida Statutos		poration submits this statement for the purpose tion's board of directors. I hereby accept the a	o of changing its registered appointment as registered	
12,		ND DIRI CTORS	13 .	a ag knot regal	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	DELETE	1,1 1111.6			Change Addition	
NAME	DRAZEN, DENNIS M	EN, DENNIS M				;	
STREET ADDRESS	1001 10 10 10 10 10 10		1.3 STREET	ADDRESS			
CITY-ST-ZIP	LONGWOOD FL 32779			· ZIP	AND		
TITLE	D DOON IEDOV	☐ DELETE	2.1 111LE			Change Addition	
NAME	DOORN, JERRY	4044	2.2 NAME				
STREET ADDRESS	Market Land Balance Balance		2.3 STREET /				
CITY-ST-ZIP TITLE	D DETETE		2 4 C/TY- S1- 7/P 3 1 T/TLE			Change Addition	
NAME	DRAZEN, VALERIE H		32 NAME				
STREET ADDRESS	1321 CLASSIC DRIVE		3.3 STREET A	AODRESS			
CITY-ST-ZIP	LONGWOOD FL 32779		3.4 CITY - ST - ZIP				
TITLE	D	□ DELFTE				Change Addition	
NAME	DOORN, CAROL		4 2 NAME				
STREET ADDRESS	••••		4 3 STHEFT A				
CITY-ST-ZIP	PINELLAS PARK FL 33781	T OUT	4 4 CITY - ST	-7IP		Channa Addition	
TITLE		DELETE 5.1				Change Addition	
NAME Street address			5.2 NAMI 5.3 STREET /	Urabi se			
CITY-ST-ZIP	I		5.4 CITY - ST				
TITLE			6.1 TITLE			☐ Change ☐ Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET A	ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST				
14. I do herel	by certify that the information supplic	ed with this filing does not qualify	t for the exer	untion stated	d in Section 119 07(3)(i). Florida Statutes, Lifurt	her certify that the	

reor lengthy certify that the mormation supplied with this initing does not quality 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 I chapted, or on an attrictment with an address.

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