

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 13, 1999 8:00 am
Secretary of State

07-13-1999 90004 014 ***150.00

DOCUMENT # **P96000071586**

1. Corporation Name

DJ MEDICAL INTERNATIONAL, INC.



Principal Place of Business

**21 CLASSIC DRIVE
LONGWOOD FL 32779**

Mailing Address

**1321 CLASSIC DRIVE
LONGWOOD FL 32779**

DO NOT WRITE IN THIS SPACE

As of 8/18/99

Presently

Principal Place of Business

156 Houston Ct.

Suite, Apt. #, etc.

2a. Mailing Address

PO Box 161762

Suite, Apt. #, etc.

City & State

Heathrow, FL

Zip

32746

Country

25

City & State

Alt Spgs, FL

Zip

32716-1762

Country

30

3. Date Incorporated or Qualified

08/26/1996

4. FEI Number

59-3410463

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 owes the current year
Intangible Personal Property.



Yes



No

9. Name and Address of Current Registered Agent

**DRAZEN, DENNIS M
1321 CLASSIC DRIVE
LONGWOOD FL 32779**

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

1. 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 signature required when reinstating)

DATE

2. OFFICERS AND DIRECTORS

LE **D** ☐ DELETE

ME **DRAZEN, DENNIS M**
REET ADDRESS **1321 CLASSIC DRIVE**
Y-ST-ZIP **LONGWOOD FL 32779**

LE **D** ☐ DELETE

ME **DOORN, JERRY**
REET ADDRESS **6565 44TH ST NORTH UNIT 1011**
Y-ST-ZIP **PINELLAS PARK FL 33781**

LE **D** ☐ DELETE

ME **DRAZEN, VALERIE H**
REET ADDRESS **1321 CLASSIC DRIVE**
Y-ST-ZIP **LONGWOOD FL 32779**

LE **D** ☐ DELETE

ME **DOORN, CAROL**
REET ADDRESS **6565 44TH STREET NO UNIT 1011**
Y-ST-ZIP **PINELLAS PARK FL 33781**

LE ☐ DELETE

ME

REET ADDRESS

Y-ST-ZIP

LE

ME

REET ADDRESS

Y-ST-ZIP

LE

ME

REET ADDRESS

Y-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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

I 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

586886-90004-14
P96000071586

July 1, 1999 (Perviously mailed to you on this date.)

DJ MEDICAL INTERNATIONAL, INC.
FEI 59-3410463
PO BOX 161762
ALT. SPGS, FL 32716-1762

FL DEPT OF STATE
DIVISION OF CORPORATIONS
ANNUAL REPORTS FILINGS
PO BOX 1500
TALLAHASSEE, FL 32302-1500

I recently received at 112 Holderness Dr., Longwood, Fl., 32779, a profit corporation annual report packet for another of my corporations, Amerimed. This report indicated 2nd notice with a filing fee of \$550.00. I then realized that I had not filed for any of my three companies because I had never received the first notices for them. This was probably due to the fact that we had moved to Holderness Dr., which is only a temporary address until construction of our permanent one is complete next month, and some of our mail was not forwarded properly. Therefore I ask that you excuse the tardiness of the fee and allow us to send the original \$150.00. Please send to proper packet to me at the PO box above. I apologize and appreciate your attention on this matter.

Yours truly,

Valerie Drazen
Secretary/Treasurer

I just today received packet.

Valerie Drazen

Mailing address to change 8/15/99 to: 156 Harston Ct.
Heathrow, FL
32746