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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 23 1998 8:00am Secretary of State

	MENT # P96000 CAN MEDICORP, INC.	0085990 (5)		
Principal Place of Business Mailing Address					GU DINIS KONS IDINI SOM IDGI
2829 EAST COMMERCIAL BLVD 2929 EAST COMMERCIAL			AL BLVD		
SUITE 306		SUITE 306			
FORT LAUDERDALE FL 33308		FORT LAUDERDALE FL 33308		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
				10/17/1996	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0709293	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	T	Trust Fund Contribution	Added to Fees
Zip 24	Country	Zip	Country	8. This corporation owes or has paid the cu	
E41	25 9. Name and Address of Currer	29 Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Registered	Agent No
SA	MUELS, LENNY ESO		81 Name	TO, Traine and Address of the Trogistores	Agont
100 NORTHEAST 3 AVENUE			80 Ct Ad-	(D.C. D. N	
#400			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
FORT LAUDERDALE FL 33301			83	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
			84 City		85 Zip Code
				FL	. '
office or agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligation in familiar with and accept the obligation.	2 and 607.1508, Florida Stati of Florida. Such change was ations of, Section 607.0505, F	utes, the above-named core authorized by the corpora Florida Statutes.	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the appropriate the second state of the second sta	f changing its registered pointment as registered
SIGNATURE	Signature, typed or printed name of registered age	of and tille if applicable (NC	IE. Registered Agent signature requ	ulred when reinstating) DATE	<u></u>
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	D Rosenberg, Ralph	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	2929 EAST COMMERCIAL BL	VD STE 306	1.2 NAME		
CITY-ST-ZIP	FORT LAUDERDALE FL 33304		1.3 STREET ADDRESS		
TITLE	TOM ENDOCHDAGE TE GOOD	☐ DELETE	1.4 CHY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		Onlinge
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 City-St-2iP		
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		D height	3.4. CITY-ST-ZIP	····	
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME OTDEET ADDRESS			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME		_ 0,,,,,	5.2 NAME		E CHANGE E ROUMON
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	***************************************	Change Addition
NAME			6.2 NAME		-
STREET ADDRESS			6.3 STREET ADDRESS		[
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

4. 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 reports 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 made on the receiver of t

1-10-118 Q5(1-438-37)