

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

FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000086658 (7)**

1. Corporation Name
GLOBAL BIOMEDICAL, INC.

Principal Place of Business
**110 N ARMENIA AVE STE B
TAMPA FL 33609**

Mailing Address
**110 N ARMENIA AVE STE B
TAMPA FL 33609-2302**



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/18/1996	3a. Date of Last Report
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 593408712	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent OGUNTEBI, BAMIDURO R 110 N ARMENIA AVE STE B TAMPA FL 33609		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	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PRESIDENT	<input type="checkbox"/> DELETE	1.1 TITLE FINANCIAL MANAGER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BAMIDURO OGUNTEBI		1.2 NAME NEWTON OWI	
STREET ADDRESS 110 N. ARMENIA AVE. STE B.		1.3 STREET ADDRESS 2000 W. AMERITECH CENTER DR.	
CITY - ST - ZIP TAMPA, FL 33609		1.4 CITY - ST - ZIP HOFFMAN ESTATES, IL 60196	
TITLE VICE PRESIDENT	<input type="checkbox"/> DELETE	2.1 TITLE INTERNATIONAL OPERATIONS DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME TIMI ALABI		2.2 NAME OLUDUYE AKINTOLA	
STREET ADDRESS 26 OTEOMI ST.		2.3 STREET ADDRESS 3111 S. OMAR AVE	
CITY - ST - ZIP MUSHIN, LAGOS, NIGERIA		2.4 CITY - ST - ZIP TAMPA, FL 33629	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE LEGAL ADVISER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME FEMIINTOLA OGUNTEBI	
STREET ADDRESS		3.3 STREET ADDRESS 109 N. ARMENIA AVE.	
CITY - ST - ZIP		3.4 CITY - ST - ZIP TAMPA, FL 33609	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:  **4/23/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)