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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P9600088140 (4)

## FILED May 16 1997 8:00am Secretary of State

ANALYZER MEDICAL INTERNATIONAL, INC.  Principal Place of Business Mailing Address								
Principal Place of Business Mailing Address 1575 AVIATION CTR PKWY. #406 1575 AVIATION CTR PKWY.					r zahrtitter nim sähra dittit Shrit Affit Sali	(1 A&(M) EB101 1010	r riyri <b>b</b> iy()	#### <b>###</b> #
	ACH FL 32114-3858	DAYTONA BEACH FL						
					3. Date Incorporated or Qualified 10/25/1996	3a, Date	of Last R	eport
2. Principal l	Place of Business	2a. Mailing Address			4. FEI Number		Ar	plied For
21		26						t Applicable
Suite, Apt <b>22</b>	t #, €tc	Suite, Apt. #, etc.	٠		5. Certificate of Status Desired		\$ <b>8.75</b> Fee Re	Additional equired
City & Sta	ile:	City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 Added	
<b>23</b> ] Ζφ	Country	Zip	Cour	ntry	8. This corporation has liability for	<del></del>		•
24	25	29	30	•		Yes [		. 100.002,
	9. Name and Address of Cu				10, Name and Address of New Ro			
	GARD, G. CURTIS			81 Name				
	'5 AVIATION CTR PKWY. #406 YTONA BEACH FL 32114-3858		82		lress (P.O. Box Number is Not Accepta	ble)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
DA	TOTAL DENOTITE DETTY SOOD	•	Ī	B3				
			1	84 City		FL	<b>85</b> Zip	Code
11. Pursuan	t to the provisions of Sections 607, registered agent, or both, in the S am familiar with, and accept the of	0502 and 607.1508, Florida St	atutes, the ab	ove-named cor	poration submits this statement for the	purpose of ch	nanging it	s registered
								registered
agent. I	am familiar with, and accept the of	bligations of Section 607.0505	. Florida State	o by the corpora utes.	ation's board of offectors. I hereby acce	p, the appear		
agent. I SIGNATURE								
SIGNATURE	Signature, lypest or protect name of registero	d agent and fit out applicable	INOTE: Registered		uired when reinstaling)	DATE		
SIGNATURE	Styrumue, typed or photed hance of registers	d agent and fit out applicable AND DIRECTORS	INOTE: Registered	Agent signature requi		DATE CERS AND D	RECTOR	RS IN 12
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4-30-97

904-258-9001