

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

FILED
May 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortimer
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000010743 (7)
 1. Corporation Name
ZOE MEDICAL SYSTEMS, INC.



Principal Place of Business: **5701 S.W. 196TH LANE FT. LAUDERDALE FL 33332**
 Mailing Address: **5701 S.W. 196TH LANE FT. LAUDERDALE FL 33332**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	8902 SW 59 ST	26	8902 SW 59 ST	01/28/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0724618	
City & State		City & State		Applied For	
23 Cooper City, FL		28 Cooper City, FL		Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired	
24 33328 USA		29 33328 USA		30 USA	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
RODRIGUEZ, MARK F 5701 S.W. 196TH LANE FT LAUDERDALE FL 33332				81 Name Mark F Rodriguez	
				82 Street Address (P.O. Box Number is Not Acceptable) 8902 SW 59 ST	
				83	
				84 City Cooper City	
				85 Zip Code 33328	
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				1-17-98	
Signature type of principal agent or trustee, if applicable				(NOTE: Registered Agent signature required when reinstating)	
DATE				DATE	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, MARK F	1.2 NAME	
STREET ADDRESS	5701 S.W. 196TH LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33332	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURGE, CHRISTINE A	2.2 NAME	
STREET ADDRESS	2351 N.W. 82ND AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33302	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mark F Rodriguez	3.2 NAME	
STREET ADDRESS	8902 SW 59 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	Cooper City, FL 33328	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Christine A Rodriguez	4.2 NAME	
STREET ADDRESS	8902 SW 59 ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	Cooper City, FL 33328	4.4 CITY-ST-ZIP	
TITLE		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		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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: _____

CR2E034 (10/97)