

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 997000023882

1. Corporation Name

ABCORP MEDICAL, INC

Principal Place of Business

Mailing Address

SAME

18426 SW 132 CT.
MIAMI, FL 33186

AMENDED

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3-10-97

4. FEI Number

65-0737107

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 N/A

26 N/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DONNA GOLIK
11450 SW. 84 AVE
MIAMI, FL 33156

81 Name

WILLIAM G. GOLIK

82 Street Address (P.O. Box Number is Not Acceptable)

7890 SW 76 TERR.

83

84 City

MIAMI

FL

85 Zip Code

33143

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 WILLIAM G. GOLIK PRES.

William G. Golik

8-25-98

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required if not translating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRES ☒ DELETE

NAME DONNA GOLIK
STREET ADDRESS 11450 SW 84 AVE
CITY-ST-ZIP MIAMI, FL 33156

1.1 TITLE PRES. ☐ Change ☒ Addition

1.2 NAME WILLIAM G. GOLIK
1.3 STREET ADDRESS 7890 SW 76 TERR
1.4 CITY-ST-ZIP MIAMI, FL 33143

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE V.P. ☐ Change ☒ Addition

2.2 NAME MANUEL RODRIGUEZ
2.3 STREET ADDRESS 10928 NW. 21 PL.
2.4 CITY-ST-ZIP CORAL SPRINGS, FL 33317

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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)(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:

William G. Golik WILLIAM G. GOLIK

8-25-98 (305)232-3525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/98)