


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
DOCUMENT # P97000024633 (4) 1. Corporation Name DAVIE MEDICAL, INC.		

FILED

98 OCT 20 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1390 SOUTH DIXIE HIGHWAY SUITE 2222 CORAL GABLES FL 33146		Mailing Address 1390 SOUTH DIXIE HIGHWAY SUITE 2222 CORAL GABLES FL 33146	
2. Principal Place of Business 21 6191 Orange Drive		2a. Mailing Address 26 6191 Orange Drive	
Suite, Apt. #, etc. 22 Suite # 6159-E		Suite, Apt. #, etc. 27 Suite # 6159-E	
City & State 23 Davie, FL.		City & State 28 Davie, FL.	
Zip 24 33314	Country 25 USA	Zip 29 33314	Country 30 USA
3. Date Incorporated or Qualified 03/18/1997		4. FEI Number 52-2116431	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No NA			

9. Name and Address of Current Registered Agent MANSON, ELEANOR 1390 SOUTH DIXIE HIGHWAY SUITE 2222 CORAL GABLES FL 33146 Same New Address		10. Name and Address of New Registered Agent 81 Name Eleanor Manson 82 Street Address (P.O. Box Number is Not Acceptable) 4851 S.W. 130 Ave 83 33330 84 City Ft. Lauderdale FL 85 Zip Code 33330	
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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 Eleanor Manson Date 9/18/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANSON, ELEANOR 1390 SOUTH DIXIE HIGHWAY, SUITE 2222 CORAL GABLES FL 33146 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500002672985--0 -10/26/98--01117--022 ***\$550.00 ***\$550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Eleanor Manson 4851 S.W. 130 Ave Ft. Lauderdale, FL. 33330 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Eleanor Manson Date 9/18/98 954-792-1073
Signature and typed or printed name of signing officer or director

CR2E034 (10/97)