

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

FILED

98 OCT 20 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P97000024633 (4)

1. Corporation Name
DAVIE MEDICAL, INC.

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~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/18/1997

4. FEI Number
52-2116431

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$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 *NA*

2. Principal Place of Business
21 6171 Orange Drive
Suite, Apt. #, etc.
22 Suite # 6159-E
City & State
23 Davie, FL.
Zip
24 33314
Country
25 USA

2a. Mailing Address
26 6171 Orange Drive
Suite, Apt. #, etc.
27 Suite # 6159-E
City & State
28 Davie, FL.
Zip
29 33314
Country
30 USA

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

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*

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MANSON, ELEANOR	
STREET ADDRESS	1390 SOUTH DIXIE HIGHWAY, SUITE 2222	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	<i>Eleanor Manson</i>	
STREET ADDRESS	<i>4851 S.W. 130 Ave</i>	
CITY-ST-ZIP	<i>Ft. Lauderdale, FL. 33330</i>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<i>500002672985--0</i>
1.4 CITY-ST-ZIP	<i>-10/26/98--01117-022</i>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<i>***550.00 ***550.00</i>
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	<i>TB. 10/22/98</i>
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: *Eleanor Manson* Date *9/18/98* 954-792-1073

CR2E034 (10/97)