

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

FILED
Apr 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

DOCUMENT # P97000037246 (0)
1. Corporation Name
FACTORY AUTHORIZED MEDICAL SCOPE REPAIRS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
637 NW 12TH AVENUE
DEERFIELD BEACH FL 33442

Mailing Address
637 NW 12TH AVENUE
DEERFIELD BEACH FL 33442

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

3. Date Incorporated or Qualified
04/25/1997
4. FEI Number
59-3198089
Applied For
Not Applicable
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

9. Name and Address of Current Registered Agent
TRANK, JEFFREY H
2001A BLOUNT RD.
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent
81 Name
Jeff Trank
82 Street Address (P.O. Box Number is Not Acceptable)
637 NW 12th Ave.
83
84 City
Deerfield Beach
FL 85 Zip Code
33442

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
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
AURAN, MITCHELL D
2001A BLOUNT RD.
POMPANO BEACH FL 33069
DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROMA, JO-ANN
2001A BLOUNT RD.
POMPANO BEACH FL 33069
DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SEARS, RICHARD
2001A BLOUNT RD.
POMPANO BEACH FL 33069
DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
TRANK, JEFFREY H
2001A BLOUNT RD.
POMPANO BEACH FL 33069
DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WELBES, TIMOTHY
2001A BLOUNT RD.
POMPANO BEACH FL 33069
DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
801 N Atlantic Dr.
Lantana, FL 33462
Change ☒ Addition ☐
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
JoAnn Orlando
7320 NW 68th Ave.
Parkland, FL 33067
Change ☒ Addition ☐
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
3481 Lake side Dr. NE # 2904
Atlanta, GA 30326
Change ☒ Addition ☐
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
17222 Amhurst way
Clearwater, FL 34624
Change ☒ Addition ☐
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
11295 W Atlantic Blvd, #202
Coral Springs, FL 33071
Change ☐ Addition ☐
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
Change ☐ 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 reports 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.

CR2E034 (10/97)