

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

FILED
Feb 25 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 # **P97000063354 (9)**
1. Corporation Name
INTERNATIONAL MEDICAL RESEARCH AND DESIGN, INC.

Principal Place of Business 2933 BRIDGEHAMPTON LN. ORLANDO FL 32812	Mailing Address 2933 BRIDGEHAMPTON LN. ORLANDO FL 32812
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 609 HAITLAND AVE. 22 8 City & State 23 ALTAMONTE SPRINGS, FL Zip 24 32701		2a. Mailing Address 26 609 HAITLAND AVE 27 5 City & State 28 ALTAMONTE SPRINGS, FL Zip 29 32701		3. Date Incorporated or Qualified 07/22/1997	
25 SCHINDLER		30 SCHINDLER		4. FEI Number 59-3463983	
9. Name and Address of Current Registered Agent CAPONI, RONALD E 2933 BRIDGEHAMPTON LN. ORLANDO FL 32812		10. Name and Address of New Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
83		84 City		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
85 Zip Code		FL		86	

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 filed if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	President / Treasurer
NAME	CAPONI, RONALD E	1.2 NAME	
STREET ADDRESS	2933 BRIDGEHAMPTON LN.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32812	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	Vice-President
NAME	CAPONI, E. RICHARD	2.2 NAME	
STREET ADDRESS	3301 F. PARK RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28209	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	Secretary
NAME	MEAD, CHARLES C	3.2 NAME	
STREET ADDRESS	500 E. MARKS ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32803	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	DIRECTOR
NAME	ERIC S. WEINMAN	4.2 NAME	
STREET ADDRESS	312 SPRING RUN CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32779	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	DIRECTOR
NAME	Christopher F. Langley	5.2 NAME	
STREET ADDRESS	3124 PLANTATION RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE, NC 28270	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 18, 1998

CR2E034 (10/97)