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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000063354

1. Corporation Name

INTERNATIONAL MEDICAL RESEARCH AND DESIGN, INC.

Principal Place of Business

609 MAITLAND AVE
SUITE 5
ALTAMONTE SPRING FL 32701
US

Mailing Address

609 MAITLAND AVE
SUITE 5
ALTAMONTE SPRINGS FL 32701
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/22/1997

4. FEI Number

59-3463983

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

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

81 Name

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

83

84 City

FL

85 Zip Code

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 PT ☐ DELETE
NAME CAPONI, RONALD E
STREET ADDRESS 2933 BRIDGEHAMPTON LN.
CITY-ST-ZIP ORLANDO FL 32812

TITLE VP ☐ DELETE
NAME CAPONI, E. RICHARD
STREET ADDRESS 3301 F. PARK RD.
CITY-ST-ZIP CHARLOTTE NC 28209

TITLE S ☐ DELETE
NAME MEAD, CHARLES C
STREET ADDRESS 500 E. MARKS ST.
CITY-ST-ZIP ORLANDO FL 32803

TITLE D ☒ DELETE
NAME WEINMAN, ERIC S
STREET ADDRESS 312 SPRING RUN CIR
CITY-ST-ZIP LONGWOOD FL 32779

TITLE D ☐ DELETE
NAME LANGLEY, CHRISTOPHER F
STREET ADDRESS 3124 PLANTATION RD
CITY-ST-ZIP CHARLOTTE NC 28270

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE M ☐ Change ☒ Addition
1.2 NAME Siemer, Ed
1.3 STREET ADDRESS 410 Nina Place
1.4 CITY-ST-ZIP Longwood, FL 32750

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME Parrott, Burk
2.3 STREET ADDRESS 927 South Irby Street
2.4 CITY-ST-ZIP Florence, SC 29501

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-11-99 (407) 331-3366

CR2E034 (11/98)