

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 01 1998 8:00am
Secretary of State

DOCUMENT # P97000079151 (1)

1. Corporation Name
INTERNATIONAL MEDICAL THERAPIES INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1700 E. LAS OLAS BOULEVARD
SUITE 102
FT. LAUDERDALE FL 33312

Mailing Address
1700 E. LAS OLAS BOULEVARD
SUITE 102
FT. LAUDERDALE FL 33312

3. Date Incorporated or Qualified

09/11/1997

4. FEI Number

65-0864414

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

2. Principal Place of Business

21 2455 E. SUNRISE BLVD

Suite, Apt. #, etc.

22 PH-S

City & State

23 FORT LAUDERDALE, FL

Zip

24 33304

Country

25 USA

2a. Mailing Address

26 2455 E. SUNRISE BLVD

Suite, Apt. #, etc.

27 PH-S

City & State

28 FORT LAUDERDALE, FL

Zip

29 33304

Country

30 USA

9. Name and Address of Current Registered Agent

BURSON, ERNEST N
1700 E. LAS OLAS BOULEVARD
SUITE 102
FT. LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

81 Name BURSON, ERNEST N
82 Street Address (P.O. Box Number is Not Acceptable)
2455 E. SUNRISE BLVD
83 PH-S
84 City FT. LAUDERDALE FL 85 Zip Code 33304

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 D
NAME BURSON, ERNEST N
STREET ADDRESS 1700 E. LAS OLAS BOULEVARD, SUITE 102
CITY-ST-ZIP FT. LAUDERDALE FL 33312

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIR/PRESIDENT/CHR ☒ Change ☐ Addition
1.2 NAME BURSON, ERNEST N
1.3 STREET ADDRESS 2455 E. SUNRISE BLVD., PH-S
1.4 CITY-ST-ZIP FORT LAUDERDALE, FL 33304

2.1 TITLE SECRETARY ☐ Change ☒ Addition

2.2 NAME JOY H STRITIKUS

2.3 STREET ADDRESS 2455 E. SUNRISE BLVD., PH-S

2.4 CITY-ST-ZIP FORT LAUDERDALE, FL 33304

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

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 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, with an attachment with an address.

SIGNATURE:

ERNEST N. BURSON 9.15.98 954 537-2100

CR2E034 (5/98)