## 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

DOCUMENT # P97000080840 (6)

INTERNATIONAL MODERN MEDICAL, INC.

## FILED May 06 1998 8:00am Secretary of State

HATEHANIONE MODELIA MEDIONE, 1110.							
Principal Place	a of Rusiness	Mailing Ad	Idress				- 1 1981/1980 1410 1811/1 1891/1 881/14 881/14 881/14 881/14 881/14 881/14 881/14 881/14 881/14 881/14
,	REWS AVENUE	1525 S. ANDREWS AVENUE					
SUITE 214	TEMB AVENUE	SUITE 214					
FT. LAUDERDALE FL 33316 FT. LAUDERDALE FL				316			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified 09/17/1997	
2. Principal Pl	ace of Business	2a. Mailing Address				<del></del>	4 FEI Number Applied For
21		26					65-0783821 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					S8 75 Additional
22		27					5. Certificate of Status Desired Fee Required
City & State	<del>)</del>	City & State					6. Election Campaign Financing \$5.00 May Be
23		28					Trust Fund Contribution Added to Fees
Zip Country		Zip Country			ntry		8. This corporation owes or has paid the current year Intangible
24							Personal Property Tax due June 30. Yes No
	9. Name and Address of Curren	t Hegistered A	gent		81	Name	10. Name and Address of New Registered Agent
	NTGOMERY, ELIZABETH J					TYATIC	
6211-1 BAY CLUB DRIVE					82	Street Addre	ess (P.O. Box Number is Not Acceptable)
Fi.	LAUDERDALE FL 33308				83		
					84	City	FL 85 Zip Code
11 Pureuant t	to the provisions of Sections 607.050	2 and 607 1508	Florida Statu	tes the al	nove.	named corpo	
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, typod or printed name of registered agent and to: it applicable (NOTE: Registered Agent signature required when reinstating)  DATE							
12.	OFFICERS AND	DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD SHABANAH, VICTOR H		DELETE	1.1 Til	ſLE		☐ Change ☐ Addition
NAME	_		1.2 NA	ME			
STREET ADDRESS	1525 S. ANDREWS AVENUE,	SUITE 214 1.3 STREET ADDRESS			REET A	ADDRESS	·
CITY-ST-ZIP					TY-ST	- ZIP	
TITLE	ST DELETE		2.1 TH	2.1 TITLE		Change Addition	
NAME	SHABANAH, ALEIDA O		22 N/		ME		
STREET ADDRESS	1525 S. ANDREWS AVENUE,	SUITE 214	2.3 STREET ADDRES		ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33316			2.4C		T-ZIP	
TITLE			☐ DELETE	3.1 TITLE			Change Addition
NAME				3.2 NA			
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP	DELETE			3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition	
TITLE			4.2 N				C Ordange
1						I DODECC	
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP TITLE	<u> </u>		DELETE	_	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME	***			5.2 NAME			
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP				5.4 CI		- 1	
TITLE			DELETE	6.1 10			☐ Change ☐ Addition
NAME				6.2 NA			
STREET ADDRESS						ADDRESS	İ
CITY-ST-ZIP					TY-ST		
	portify that the information curvalind us	th this filing do	or not qualify:			<del></del>	Section 119 07/3)(i) Florida Statutes I further certify that the information

indicated on this annual report or supplied with this iming does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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.

- 4 Shabanah