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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000083308

1. Corporation Name

JAVA MEDICAL, INC.

1999

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90120 034 ***150.00

Principal Place of Business Mailing Address					I IMPERIORS THE COURT PERIOD AND THE PROPERTY OF THE COURT OF THE COUR	
3225 N.W. 68 A MARGATE FL 33		3225 N.W. 68 AVENUE MARGATE FL 33063				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed 09/25/1997
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				APPLIED FOR 43-1632 899 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired
22		27				
City & State		City & State	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	, Cou	ntry		8. This corporation owes the current year Intangible Personal Property Tax.
24	25 29 30		30			Total Control
9. Name and Address of Current Registered Agent 81 Name					Name	10. Name and Address of New Registered Agent
INCORPORATORS PLUS, INC.				"	Hame	
	N. UNIVERSITY DRIVE			82	Street Addres	ess (P.O. Box Number is Not Acceptable)
PLANTATION FL 33322				83		
				84	City	FL 85 Zip Code
COZ OCCO and COZ 4500 Florida Statutos the above nor					-named comos	· · · · · · · · · · · · · · · · · · ·
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						
				Agent	signature required v	
12.		DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME .	D - Decarlo, Richard J	المالية	1.2 NA			
STREET ADDRESS 3225 N.W. 68 AVENUE			1.3 STREET ADDRESS		ADDRESS	
MARCATE CL AGGGG			1.4 CITY-ST			
CITY-ST-ZIP			2.1 TII		·ZIF	☐ Change ☐ Addition
1	•	C 000212	2.2 NAME		1	
NAME CYDERY ADODESC	I		4		ADDRESS	
STREET ADDRESS			2. 4 CITY-ST-ZIP		- '	• •
CITY-ST-ZIP TITLE	DELETE		3.1 TITLE		1-21	☐ Change ☐ Addition
NAME	_			32 NAME		_ · · ·
STREET ADDRESS			3.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP	•		3.4. CI			
TITLE		☐ DELETE	4.1 717			☐ Change ☐ Addition
NAME	Marie Control	_	4.2 N	WE	†	
STREET ADDRESS	NESS 43		4.3 ST	REET	ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE				5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		ļ	
STREET ADDRESS			5.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		ZIP	
πLE	☐ DELETE		6.1 TIT	1 TITLE		☐ Change ☐ Addition
NAME	,		6.2 NA	ME		
STREET ADDRESS			6.3 ST	REET	ADDRESS	
CITY-ST-ZIP			6.4 C/I	Y-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 tote 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 of prospect of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE: