

FILED

Jul 28 1998 8:00am
Secretary of State

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

DOCUMENT # P97000085897 (1)
Corporation Name
PMETS, INC.

Amenument



Principal Place of Business 700 WASHINGTON STREET HOLLYWOOD FL 33019		Mailing Address 700 WASHINGTON STREET HOLLYWOOD FL 33019		DO NOT WRITE IN THIS SPACE	
21. Principal Place of Business 2301 MEDICAL DENTAL CENTER Suite, Apt. #, etc. 3301 N. UNIVERSITY DRIVE, Suite 210 City & State PEMBROKE PINES, FL		22. Mailing Address 700 WASHINGTON STREET Suite, Apt. #, etc. HOLLYWOOD, FL		3. Date Incorporated or Qualified 10/01/1997	
23. City & State PEMBROKE PINES, FL		24. City & State HOLLYWOOD, FL		4. FEI Number 65-0791704	
25. Zip 33024		26. Zip 33019		5. Certificate of Status Desired \$8.75 Additional Fee Required	
27. Country U.S.A.		28. Country U.S.A.		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
29. Name and Address of Current Registered Agent GERVIN, STEPHEN Z 700 WASHINGTON STREET HOLLYWOOD FL 33019		30. Name and Address of New Registered Agent		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)		83.	
84. City		85. Zip Code		FL	

I, 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 use 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	DELETE	1.1 TITLE Director	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME GERVIN, STEPHEN Z		1.2 NAME SUSAN GERVIN	
STREET ADDRESS 700 WASHINGTON STREET		1.3 STREET ADDRESS 700 WASHINGTON STREET	
CITY-STATE-ZIP HOLLYWOOD FL 33019		1.4 CITY-STATE-ZIP HOLLYWOOD, FL 33019	
TITLE	DELETE	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
TITLE	DELETE	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	DELETE	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	DELETE	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME 600002602366	
STREET ADDRESS		5.3 STREET ADDRESS -07/30/98--01017--020	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP ***61.25	
TITLE	DELETE	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: *Stephen Z. Gervin* (STEPHEN Z. GERVIN) 7/14/98 954-961-3365