


FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90110 018 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000087460 1. Corporation Name ACCUZYNE CML, INC.					
Principal Place of Business 1415 FOUNDATION PARK BLVD SE PALM BAY FL 32909			Mailing Address 1415 FOUNDATION PARK BLVD SE PALM BAY FL 32909		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		
3. Date Incorporated or Qualified 10/03/1997			4. FEI Number 59-3477187		
5. Certificate of Status Desired <input type="checkbox"/>			Applied For <input type="checkbox"/> Not Applicable		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>			\$8.75 Additional Fee Required \$5.00 May Be Added to Fees		
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
9. Name and Address of Current Registered Agent FRESE, GARY B 600 S HARBOR CITY BLVD, STE 505 MELBOURNE FL 32901			10. Name and Address of New Registered Agent 81 Name JAMES LAWSON 82 Street Address (P.O. Box Number is Not Acceptable) 1415 FOUNDATION PARK BLVD SE 83 84 City PALM BAY FL 85 Zip Code 32909		
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 <i>[Signature]</i> DATE 5/10/99					
12. OFFICERS AND DIRECTORS					
TITLE	VP	<input type="checkbox"/> DELETE			
NAME	SZUBA, THOMAS				
STREET ADDRESS	1415 FOUNDATION PARK BLVD S E				
CITY-ST-ZIP	PALM BAY FL 32909				
TITLE	VPCF	<input type="checkbox"/> DELETE			
NAME	HANDA, SUNDEEP				
STREET ADDRESS	1415 FOUNDATION PARK BLVD SE				
CITY-ST-ZIP	PALM BAY FL 32909				
TITLE	DAVID RICHARD	<input checked="" type="checkbox"/> DELETE			
NAME	DAVID RICHARD				
STREET ADDRESS	31700 TELEGRAPH RD, STE 200				
CITY-ST-ZIP	BIRMINGHAM AL 35225				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	PRESIDENT / DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.2 NAME	LAWSON, JAMES				
1.3 STREET ADDRESS	1415 FOUNDATION PARK BLVD, SE				
1.4 CITY-ST-ZIP	PALM BAY, FL 32909				
2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
2.2 NAME	LAWSON, FLOYD H.				
2.3 STREET ADDRESS	1415 FOUNDATION PARK BLVD, SE				
2.4 CITY-ST-ZIP	PALM BAY, FL 32909				
3.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
3.2 NAME	LAWSON, BARI				
3.3 STREET ADDRESS	1415 FOUNDATION PARK BLVD, SE				
3.4 CITY-ST-ZIP	PALM BAY, FL 32909				
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/99 (407) 714-6500
 Date Daytime Phone #

CR2E034 (11/98)