

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

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

07-27-1999 90029 024 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **P97000096379**

1. Corporation Name

MED. TECH INDUSTRIES CORPORATION

Principal Place of Business

Mailing Address

~~PO BOX 601476~~
~~MIAMI FL 33161~~

~~PO BOX 601476~~
~~MIAMI FL 33161~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/10/1997

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 2027 SHERMAN ST.

26 2027 SHERMAN ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

Hollywood, FL.

27 City & State

Hollywood, FL.

23 Zip

33020

Country

USA

28 Zip

33020

Country

USA

9. Name and Address of Current Registered Agent

PACHIVAS, JOHN
287 NE 118 TERR
MIAMI FL 33160

10. Name and Address of New Registered Agent

81 Name

STEVE STANLEY

82 Street Address (P.O. Box Number is Not Acceptable)

450 PETERSBURG TGR

83 City

PLANTATION

84 State

FL

85 Zip Code

33325

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 **Steve Stanley, V.P.**
Signature, typed or printed name of registered agent and title if applicable.

STEVE STANLEY, V.P.
(NOTE: Registered Agent signature required when reinstating)

7/20/99
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	PACHIVAS, JOHN	
STREET ADDRESS	287 NE 118 TER	
CITY-ST-ZIP	MIAMI FL 33160	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	V.P.
2.3 STREET ADDRESS	STEVE STANLEY
2.4 CITY-ST-ZIP	450 PETERSBURG TGR
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SEC. / TREAS.
3.3 STREET ADDRESS	JOHN ANNIS
3.4 CITY-ST-ZIP	15041 SW 13 PLACE
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	SUNRISE, FL. 33326
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.

SIGNATURE: **Steve Stanley, V.P.** **STEVE STANLEY, V.P.** **7/20/99** **305-687-6760**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/99)

P9700DD96379
596787-90029-24

Med Tech Industries, Inc.

14851 NW 27th Ave.
Opa Locka, FL 33054
www.medtechfitness.com
theworld@gate.net

305-685-4747
Fax: 769-6906
800-805-8995

Advisory Board

Dr. Jeanne Carmichael, M.S., L.M.H.C.
Psychology
Dr. Patric Cadigan, M.D.
Immunology
Dr. Spencer Baron, D.C.
Sports Medicine
Dr. Ary Krau, M.D.
Reconstructive Surgery
John Pachivas,
C.N.C., C.E.O.
Steve Stanley,
Vice President
John Annis,
Secretary/Treasurer

7/19/99

Fl. Dept. Of State
Attn: Div. Of Corporations
P.O.Box 6327
Tallahassee, Fl. 32314

Re: 1999 Annual Report

Gentlemen:

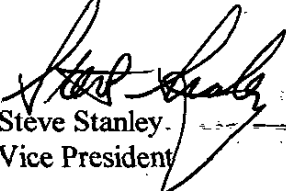
We received the second notice, but we never received the first notice. It seems that our mail was not forwarded correctly from our previous address.

The enclosed will show that our mail is being sent to our old address.

Please accept our filing fee of \$150.00 because we never received the first notice.

Thanks for your consideration.

Yours Truly,


Steve Stanley
Vice President

"The Ultimate In Medical Health Products"