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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000074224

1. Corporation Name

ACCUTECH MEDICAL EQUIPMENT, INC.*This number should be 5817*

Principal Place of Business

5827 DAHLIA DR.
ORLANDO FL 32807

Mailing Address

P.O. BOX 916097
LONGWOOD FL 32791*zip code should be 32791*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 5817 Dahlia Dr.		26 P.O. Box 916097		08/24/1998	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 Orlando, FL		28 Longwood, FL		59-3529499	
24 32807		29 32791		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 Tax.	
				Yes No	

9. Name and Address of Current Registered Agent

ROSARIO, NICOLAS

822 CAMARGO WAY APT. 109

ALTAMONTE SPRINGS FL 32714

Instead of CAMARGO should say CAMARGO

10. Name and Address of New Registered Agent

81 Name

ROSARIO, Nicolas

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

822 CAMARGO WAY Apt. 109

83

84 City

Altamonte Springs

FL

85 Zip Code

32714

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

N. Rosario

(NOTE: Registered Agent signature required when reappointing)

DATE

3/29/99

12. OFFICERS AND DIRECTORS

DELETED

 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

 1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

 President
 Nicolas Rosario
 822 Camargo Way Apt. 109
 Altamonte Springs, FL 32714

 2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

 Vice-President
 Isabel Matos
 822 Camargo Way Apt. 109
 Altamonte Springs, FL 32714

 3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

 4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

 5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

 6.1 TITLE
 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:

N. Rosario

Nicolas Rosario, Pres. 2-1-99

(407) 342-5321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)