

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

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Mar 23, 1999 8:00 am  
Secretary of State

03-23-1999 90063 041 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000095478

1. Corporation Name

MED-PRO TECHNOLOGIES INC.

Principal Place of Business

1410 SIESTA DRIVE  
SARASOTA FL 34239

Mailing Address

1410 SIESTA DRIVE  
SARASOTA FL 34239

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/1998

4. FEI Number

65-6285496

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐

Yes

☒ No

2. Principal Place of Business

21 1435 TAUEVAST ROAD

Suite, Apt. #, etc.

22

City & State

23 SARASOTA, FLORIDA

Zip

24 34243

Country

2a. Mailing Address

26 1435 TAUEVAST ROAD

Suite, Apt. #, etc.

27

City & State

28 SARASOTA, FLORIDA

Zip

29 34243

Country

30

9. Name and Address of Current Registered Agent

BUSINESS FILINGS INC  
1186 OCEAN SHORE BLVD STE195  
SARASOTA FL 34239

10. Name and Address of New Registered Agent

81 Name

BUSINESS FILINGS INC

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

1186 OCEAN SHORE BLVD STE 195

83

84 City

ORMOND BEACH

FL

85 Zip Code

32176

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME HAFT, NOELLE A  
STREET ADDRESS 1410 SIESTA DRIVE  
CITY-ST-ZIP SARASOTA FL 34239

TITLE D ☐ DELETE  
NAME HAFT, ROBERT S  
STREET ADDRESS 1410 SIESTA DRIVE  
CITY-ST-ZIP SARASOTA FL 34239

TITLE D ☐ DELETE  
NAME MILLER, ALEXANDRA  
STREET ADDRESS 1400 SIESTA DRIVE  
CITY-ST-ZIP SARASOTA FL 34239

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE ☐ Change ☐ 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: X *[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 3/08/99 1-800-331-2716

Date

Daytime Phone #

0476740

CR2EN34 (11/98)