

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S18166 (6)

1. Corporation Name

MEDTECH INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

2137 MAJESTIC WOODS BLVD.
SUITE 2155-30
APOPKA FL 32712
US

P. O. BOX 162992 N/A
~~SUITE 2155-30~~
ALTAMONTE SPRINGS FL 32716
US

3. Date Incorporated or Qualified 11/27/1990
3a. Date of Last Report 07/24/1995

2. Principal Place of Business
21 949 S. ORANGE BLOSSOM TRAIL
Suite, Apt. #, etc.
22
City & State APOPKA, FL
Zip 32703 Country ORANGE
23
City & State Altamonte Springs, FL
Zip 32716 Country Seminole
24
25
26 P.O. Box 162992
Suite, Apt. #, etc.
27
28
29
30

4. FEI Number 59-3045653
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIMS, DAVID A.
THE FIRST BUILDING, SUITE 200
500 EAST ALTAMONTE DRIVE
ALTAMONTE SPRINGS FL 32701

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME LEMAY, BRIAN
STREET ADDRESS 2137 MAJESTIC WOODS BLVD.
CITY-ST-ZIP APOPKA FL
TITLE STD
NAME LEMAY, SANDRA
STREET ADDRESS 2137 MAJESTIC WOODS BLVD.
CITY-ST-ZIP APOPKA FL
TITLE
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STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
12 NAME Lemay, Brian
13 STREET ADDRESS 949 S. Orange Blossom Trail
14 CITY-ST-ZIP APOPKA, FL 32703
2.1 TITLE
22 NAME Lemay, Sandra
23 STREET ADDRESS 949 S. Orange Blossom Trail
24 CITY-ST-ZIP APOPKA, FL 32703
3.1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
4.1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
5.1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
6.1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

700001839817
-05/25/96-01001-029
***200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in character of an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)