

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

FILED

May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V12887** (8)
1. Corporation Name
MYO-PLUS THERAPIES INC



Principal Place of Business 1149 DOUGLAS AVE ALTAMONTE SPRINGS FL 32714 US	Mailing Address PO BOX 3602 LONGWOOD FL 32778 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 820 North S.R. 434		2a. Mailing Address		3. Date Incorporated or Qualified 02/07/1992	
21. Suite, Apt. #, etc Unit A		26. Suite, Apt. #, etc		4. FEI Number 59-3103759	
22. City & State Altamonte Springs, FL		27. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip 32714		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country USA		29. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BENNETT, DARLA A. 1149 DOUGLAS AVE ALTAMONTE SPRINGS FL 32714				10. Name and Address of New Registered Agent	
81. Name				82. Street Address (P.O. Box Number is Not Acceptable) 820 North S.R. 434	
				83. City Unit A	
				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 _____ (Signature typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE P				1.1 TITLE Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME BENNETT, DARLA A.				1.2 NAME 820 North S.R. 434, Unit A			
1.3 STREET ADDRESS 1149 DOUGLAS AVE				1.3 STREET ADDRESS Altamonte Springs, FL 32714			
1.4 CITY-ST-ZIP ALTAMONTE SPRINGS FL				1.4 CITY-ST-ZIP Altamonte Springs, FL 32714			
2.1 TITLE				2.1 TITLE			
2.2 NAME				2.2 NAME			
2.3 STREET ADDRESS				2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP				2.4 CITY-ST-ZIP			
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5.2 NAME				5.2 NAME			
5.3 STREET ADDRESS				5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP				5.4 CITY-ST-ZIP			
6.1 TITLE				6.1 TITLE			
6.2 NAME				6.2 NAME			
6.3 STREET ADDRESS				6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP				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: **Darla A Bennett** **Darla A. Bennett** 4/29/98 407-862-5566

CR2E034 (10/97)