

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V33745 (3)

1. Corporation Name
THE MINNESOTA BACK BRACE COMPANY

Principal Place of Business 218 A EAST EAU GALLIE BLVD. #8 INDIAN HARBOUR BEACH FL 32837	Mailing Address 218 A EAST EAU GALLIE BLVD. #8 INDIAN HARBOUR BEACH FL 32937-4874
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3. Date Incorporated or Qualified 05/05/1992	3a. Date of Last Report 02/05/1996
4. FEI Number 59-3132107	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
MCNEILL, MICHAEL S.
340 BAHAMA DR.
INDIALANTIC FL 32903

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: *Michael S. McNeill* 2-2-97
S. J. Jones, Jr. or printed name of registered agent, if applicable (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUDEM, CHARLES M.	1.2 NAME	
STREET ADDRESS	4479 HEATHFIELD TRACE	1.3 STREET ADDRESS	
CITY - ST - ZIP	SUWANEE GA	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUDEM, DIANNE K.	2.2 NAME	
STREET ADDRESS	4479 HEATHFIELD TRACE	2.3 STREET ADDRESS	
CITY - ST - ZIP	SUWANEE GA	2.4 CITY - ST - ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNEILL, MICHAEL S.	3.2 NAME	
STREET ADDRESS	340 BAHAMA DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	INDIALANTIC FL	3.4 CITY - ST - ZIP	
TITLE	ST	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNEILL, DENISE C	4.2 NAME	
STREET ADDRESS	340 BAHAMA DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	INDIALANTIC FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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: *Michael S. McNeill* 2-2-97 (407) 722-9686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0104865

CR2E034 (9/96)