

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

FILED
Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **V39945** (3)
1. Corporation Name
SENTECH MEDICAL SYSTEMS, INC.



Principal Place of Business
**5363 NW 35 AVE
FT. LAUDERDALE FL 33309
US**

Mailing Address
**5363 NW 35 AVE
FT. LAUDERDALE FL 33309
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/01/1992	
21 5353 NW 35 AVE	26 5353 NW 35 AVE	4. FEI Number 65-0392938		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State FT LAUDERDALE, FL		City & State FT LAUDERDALE, FL		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	
23 FT LAUDERDALE, FL	28 FT LAUDERDALE, FL	29 33309		30 US	
24 33309	25 US				

9. Name and Address of Current Registered Agent

**BIGGIE, JOHN J.
3041 NE 48TH ST.
LIGHTHOUSE POINT FL 33309**

10. Name and Address of New Registered Agent

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	VP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIGGIE, JOHN J.	1.2 NAME	
STREET ADDRESS	3041 NE 48TH ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	LIGHTHOUSE POINT FL	1.4 CITY - ST - ZIP	
TITLE	DST	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIGGIE, LYDIA	2.2 NAME	VP
STREET ADDRESS	3041 NE 48TH ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	LIGHTHOUSE POINT FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOSSLE, DUNCAN E	3.2 NAME	S
STREET ADDRESS	2830 ODL ORCHARD RD	3.3 STREET ADDRESS	ROWER D. ROLF
CITY - ST - ZIP	DAVIE FL	3.4 CITY - ST - ZIP	1741 NW 95 AVE
TITLE	CEO	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMMONDS, GEOFFREY R	4.2 NAME	VP
STREET ADDRESS	3288 HUNTINGTON WESTON HILL	4.3 STREET ADDRESS	ABBY DANIELS
CITY - ST - ZIP	FT LAUDERDALE FL	4.4 CITY - ST - ZIP	4777 N. SPRING WAY
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, JACKIE	5.2 NAME	
STREET ADDRESS	18284 104TH TERR	5.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGGINS, ROY	6.2 NAME	
STREET ADDRESS	5217 VILALGE WAY	6.3 STREET ADDRESS	
CITY - ST - ZIP	AMELIA ISLAND FL	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: *[Signature]*

2/18/98 954-739-4972

CFR2034 (10/97)