

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90070 047 ***150.00

DOCUMENT # V39945

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

3. Date Incorporated or Qualified

06/01/1992

4. FEI Number

65-0392938

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 5353 NW 35 AVE

2a. Mailing Address

26 5353 NW 35 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

TITLE	VP	<input type="checkbox"/> DELETE
NAME	BIGGIE, JOHN J.	
STREET ADDRESS	3041 NE 48TH ST.	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BIGGIE, LYDIA	
STREET ADDRESS	3041 NE 48TH ST.	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOSSLE, DUNCAN E	
STREET ADDRESS	2830 ODL ORCHARD RD	
CITY-ST-ZIP	DAVIE FL	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	SIMMONDS, GEOFFREY R	
STREET ADDRESS	3288 HUNTINGTON WESTON HILL	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	EDWARDS, JACKIE	
STREET ADDRESS	18284 104TH TERR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HIGGINS, ROY	
STREET ADDRESS	5217 VILALGE WAY	
CITY-ST-ZIP	AMELIA ISLAND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

G. R. Simmons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/99 (954) 739-4972
Date Daytime Phone #

CR2E034 (11/98)