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1995 MAR 22 PM 1:10

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Gandra B. Morrow
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P31832** (9)

1. Corporation Name
HAMILTON MEDICAL, INC.

Principal Place of Business Mailing Address
P.O. BOX 30008 RENO NV 89520 **P.O. BOX 30008 RENO NV 89520**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/14/1990	3a. Date of Last Report 03/15/1994
4. FEI Number 47-0673087	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 § 199.032, Florida Statutes <input checked="" 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
**ADAIR, JACK
8563 SQUARE LAKE DR
PALM BCH GARDENS FL 33418**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. **108 FIRST LANE**
84. City **PALM BEACH GARDENS** FL 85. Zip Code **33418**

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 (Print or printed name of registered agent and Florida Statutes) (Print Registered Agent Signature required after the change)

12. OFFICERS AND DIRECTORS	
TITLE	CP
NAME	WALCHLI, MAX
STREET ADDRESS	VALBEUNO 5 CH-7402
CITY - ST - ZIP	BONADUZ, SWITZERLAND
TITLE	SD
NAME	LOCHER, PETER
STREET ADDRESS	VIA NOVA CH-7403
CITY - ST - ZIP	RHAZUNS, SWITZERLAND
TITLE	TD
NAME	PETERSEN, ROBERT
STREET ADDRESS	3000 SAND HILL RD.
CITY - ST - ZIP	MENLO PARK CA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY - ST - ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	500001437755
24. CITY - ST - ZIP	-03/23/95 --01042--014
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	****200.00 ****200.00
34. CITY - ST - ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and claims next quality for the exemption related in Section 199.032(1)(a), 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: Robert A. Petersen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert A. PETERSEN

3/8/95
445 854-8060