

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED
FEB 23 1996

DOCUMENT # **P31832** (9)

1. Corporation Name
HAMILTON MEDICAL, INC.



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

2. Principal Place of Business (21-24) and Mailing Address (26-30) fields with sub-headers for Suite, Apt. #, City & State, Zip, and Country.

3. Date Incorporated or Qualified: **11/14/1990**
3a. Date of Last Report: **03/22/1995**
4. FEI Number: **47-0673087**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**ADAIR, JACK
108 FIRST LANE
PALM BCH GARDENS FL 33418**

10. Name and Address of New Registered Agent (81-85)
81 Name
82 Street Address (P.O. Box Numbers Not Acceptable)
83
84 City
85 Zip Code: **FL**

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 agent is a

Signature, typed or printed name of registered agent, registered office, and date

DATE

12. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> DELETE
NAME	WALCHLI, MAX	
STREET ADDRESS	VALBEUNO 5 CH-7402	
CITY- ST- ZIP	BONADUZ, SWITZERLAND	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LOCHER, PETER	
STREET ADDRESS	VIA NOVA CH-7403	
CITY- ST- ZIP	RHAZUNS, SWITZERLAND	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PETERSEN, ROBERT	
STREET ADDRESS	3000 SAND HILL RD.	
CITY- ST- ZIP	MENLO PARK CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 D. Petersen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-96 415 954-8060
Date Date of Filing

CR2E034 (12/95)