

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

FILED

**May 06 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 # 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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)

3. Date Incorporated or Qualified: 11/14/1990
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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**ADAIR, JACK
9822 RED REEF CT
FT MYERS FL 33919**

10. Name and Address of New Registered Agent (81-85)

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	
NAME	WALCHLI, MAX	1.2 NAME	
STREET ADDRESS	VALBEUNO 5 CH-7402	1.3 STREET ADDRESS	
CITY-ST-ZIP	BONADUZ, SWITZERLAND	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	
NAME	LOCHER, PETER	2.2 NAME	
STREET ADDRESS	VIA NOVA CH-7403	2.3 STREET ADDRESS	
CITY-ST-ZIP	RHAZUNS, SWITZERLAND	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	PETERSEN, ROBERT	3.2 NAME	
STREET ADDRESS	8000 SAND HILL RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MENLO PARK CA	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 _____ DATE 4/17/98 (650) 854-8060

CFR2E034 (10/97)