

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 500318 (1)

1. Corporation Name
SUNBELT MEDICAL PRODUCTS, INC.



Principal Place of Business: 11701 N.W. 102ND RD. SUITE 14 MEDLEY FL 33178 US
Mailing Address: P. O. BOX 4369 HIALEAH FL 33014

3. Date Incorporated or Qualified: 04/01/1976
3a. Date of Last Report: 02/14/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 11701 N.W. 102nd Rd. Suite, Apt. #, etc.	26 11701 N. W. 102nd Rd. Suite, Apt. #, etc.	59-2116840	Not Applicable
22 Suite #14 City & State	27 Suite #14 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Medley, FL Zip	28 Medley, FL Zip	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24 33178	25 U.S.A.	29 33178	30 U.S.A.
2. Principal Place of Business		6. Election Campaign Financing Trust Fund Contribution	
21 11701 N.W. 102nd Rd. Suite, Apt. #, etc.		<input type="checkbox"/>	
22 Suite #14 City & State		<input type="checkbox"/>	
23 Medley, FL Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
24 33178		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JACK W. ROSS 6200 S.W. 104TH STREET MIAMI FL 33158				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	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: _____ DATE: _____
Signature of person providing information and the applicant. (Both if Registered Agent signature required when not stating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, W JACK	1.2 NAME	
STREET ADDRESS	6200 S W 104TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FLORIDA 00000	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Jack W Ross* JACK W. ROSS 1/29/96 305)882-1279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time/Phone #
 President

CR2E034 (12/95)