

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

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90021 025 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # F93000005572

1. Corporation Name
MEDICAL ACCESSORIES & SUPPLY HEADQUARTERS, INC.



Principal Place of Business Mailing Address
1130 HIGHWAY 31 SOUTH 1130 HIGHWAY 31 SOUTH
ALABASTER AL 35007 ALABASTER AL 35007

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/08/1993

4. FEI Number Applied For
63-0798076 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 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

~~ODON JACKIE A~~ **ANGELA MITCHEM**
1505-B S. FERDON BLVD.
CRESTVIEW FL 32536

10. Name and Address of New Registered Agent

81 Name **ANGELA MITCHEM**

82 Street Address (P.O. Box Number is Not Acceptable)
1505-B S. FERDON BLVD.

83

84 City **CRESTVIEW** FL 85 Zip Code **32536**

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 Angela Mitchem DATE **2-24-99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORN D.M.D., GREGORY L	1.2 NAME	
STREET ADDRESS	1130 HIGHWAY 31 SOUTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALABASTER AL	1.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVERSON, STEVE	2.2 NAME	
STREET ADDRESS	1130 HIGHWAY 31 SOUTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALABASTER AL	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORDENCA, D.M.D., CHARLES	3.2 NAME	
STREET ADDRESS	1130 HIGHWAY 31 SOUTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALABASTER AL	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 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: [Signature] **President** DATE: **2/16/99** DAYTIME PHONE #: **(205) 664-2059**
Signature and typed or printed name of signing officer or director

CR2E034 (1/98)