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

PROFIT CORPORATION **ANNUAL REPORT** 1997



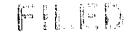
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400000218 (7)

INVACARE CORPORATION



97 MAY -8 AH 8: 43

SECRETARY OF STATE TALLAHASSEE FLORIDA



Principal Place of Business Mailing Address									r (Burkan stin inter binds natite molat natit	BUIL BEILL	16/11 (130) (10)				
899 CLEVELAND ST. ELYRIA OH 44035				899 CLEVELAND ST. Elyria oh 44035-4107											
									3. Date Incorporated or Qualified 01/14/1994		ate of Last R 24/1996	Report			
2. Principal Place of Business 21				2a. Mailing Address 26					4. FEI Number 95-2680965			Applied For Not Applicable			
Sulte, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired Section Fee Required						
City & State				City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees						
	Zip Country			Zip Country				8. This corporation has liability for intangible tax under s. 199.032,							
24	25 9. Name and Address of Current			29 30				Florida Statutes Yes No					_		
			urrent Regis	ilered Agent		447	N1		10. Name and Address of New Re	gistered	Agent		4		
	ard, Chris					81	Name								
2101 E LAKE MARY BLVD. SANFORD FL 32773							Street A	et Address (P.O. Box Number is Not Acceptable)							
						83									
dd Dwaran	** *** ***		0.00	27 1000 1000 1			City			FL	• ·	Code			
office or r	registered acc	ont, or both, in the :	State of Flori	i07.1508, Florida Stati da. Such chango was f, Section 607.0505, f	s authorize	d by t	named he corp	corpora oration	ation submits this statement for the p 's board of directors. I hereby accep	urpose of the app	t changing it ointment as	ts registered registered			
SIGNATURE	Signature, typed o	or printed name of register	ed agent and tele	if applicable (NC	Off Registere	d Agent	signaturo	required v	when reinstating)	DATE		***************************************			
12.		OFFICERS	S AND DIRE		13.				ADDITIONS/CHANGES TO OFFIC	ERS AND		RS IN 12	79		
TITLE	PD			DELETE	1.1]]	TLF		CD			Change	Addition	رَ إِ		
NAME		. MALACHI III			1.2 N	AME							2		
STREET ADDRESS		ELAND ST.			1.3 S	TREET AL	DDRESS						١		
CITY-ST-ZIP	ELYRIA O	<u>H</u>			1.4 C	TY-ST-	ZIP						١٥		
TITLE	VD			☐ DELETE	2.1 1	TLE					Change	Addition	∏ ₹		
NAME		JOSEPH B II			2.2 N	AME									
STREET ADDRESS		ELAND ST.			2.3 \$	IREET AL	DDRESS								
CITY-ST-ZIP	ELYRIA O	H 44035			2.40	IIY-SI-	ZIP								
TITLE	ST			☐ DELETE	3.1 11	TLE				•	Change	Addition	7		
NAME		THOMAS R			3.2 N	MME							1		
STREET ADDRESS		ELAND ST.			3.3 S	ireet ai	DDRESS						ĺ		
CITY-ST-ZIP	ELYRIA O	<u>H</u>			3.4.0	ITY-ST-									
TITLE	C00			☐ DELE1E	4.1 11	TLE		PD			Change	Addition	1		
NAME	BLOUCH,	GERALD B			4.21	AME									
STREET ADDRESS	899 CLEV				4.3 S	REET AC	DRESS								
CITY-ST-ZIP	ELYRIA OI	H		<u>.</u>	4.4 C	TY-ST-	ZIP								
TITLE	D			☐ DELFTÉ	5.1 TI	TLE					Change	Addition			
NAME		N, FRANCIS J			5.2 N	AME	1								
STREET ADDRESS		eland St.			5 3 S	PEET AC	DORESS								
CITY-ST-ZIP	ELYRIA OI	H 44035			5.4 C	TY- ST-	ZIP								
TITLE	D			☐ DELETE	61TI	TLF					Change	Addition	٦		
NAME	CARR, FR				62 N	AME									
STREET ADDRESS	899 CLEV	ELAND ST.			63 ST	REET AL	DRESS								
CITY-ST- Z IP	ELYRIA OI	H 44035			6.4 D	TY-ST-	ZIP						1		

14. I do 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 conversion 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 hanged, or on an attachment with an address.