

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

APPROVED AND FILED

1995 JAN 25 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # G73122 (5)

1. Corporation Name
AARON MEDICAL INDUSTRIES, INC.

Principal Place of Business: 7100 30TH AVE N, ST PETERSBURG FL 33710-2902, US
Mailing Address: 7100 30TH AVE N, ST PETERSBURG FL 33710-2902, US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/09/1983
3a. Date of Last Report: 01/21/1994

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 59-2361305
Applied For: 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 has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SARON, ROBERT J.
9807 ASHLEY DR
SEMINOLE FL 34642

81 Name
82 Street Address (P.O. Box Number is 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 607.1505, Florida Statutes.

SIGNATURE: *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE: 1-18-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD
NAME	SARON, J. ROBERT
STREET ADDRESS	9807 ASHLEY DR
CITY-ST-ZIP	SEMINOLE FL
TITLE	D
NAME	BUTLER, F. PAUL
STREET ADDRESS	2004 KISER RD
CITY-ST-ZIP	VALRICO FL
TITLE	D
NAME	SPEISER, ROBERT N.
STREET ADDRESS	1340 BOCA CIEGA ISLE DRIVE
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	D
NAME	POWELL, LOUS
STREET ADDRESS	1106 BRUID HARBOR OAKS
CITY-ST-ZIP	CLEARWATER FL
TITLE	S
NAME	CUNNINGHAM, DELTON N.
STREET ADDRESS	14033 N. BAYSHORE DRIVE
CITY-ST-ZIP	MADEIRA BEACH FL
TITLE	MOSHE CITRONOWICZ
STREET ADDRESS	
CITY-ST-ZIP	

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	D C <input checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	7500 NORMANBY COURT
5.4 CITY-ST-ZIP	SEMINOLE, FLORIDA 34612
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MOSHE CITRONOWICZ
6.3 STREET ADDRESS	2674 MC MURRAY BOOTH RD. #1103
6.4 CITY-ST-ZIP	CLEARWATER, FL 34621

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 110.07(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: *[Signature]*
Signature and typed or printed name of signing officer or director

DATE: 1-18-95

FILE NO: (812) 884-2323