

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

PROFIT CORPORATION ANNUAL REPORT 1996



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**

3. Date Incorporated or Qualified: **12/09/1983**  
3a. Date of Last Report: **01/24/1995**

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

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  
**SARON, ROBERT J.  
9807 ASHLEY DR  
SEMINOLE FL 34642**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City **FL** 85. Zip Code

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 filing) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARON, J. ROBERT	1.2 NAME	
STREET ADDRESS	9807 ASHLEY DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, F. PAUL	2.2 NAME	
STREET ADDRESS	2004 KISER RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL	2.4 CITY-ST-ZIP	
TITLE	DC	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPEISER, ROBERT N.	3.2 NAME	
STREET ADDRESS	1340 BOCA CIEGA ISLE DRIVE	3.3 STREET ADDRESS	<b>MAKRIGES, ANDREW</b>
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	<b>7100 30TH AVENUE N. ST. PETERSBURG, FL 33710</b>
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, LOUS	4.2 NAME	<b>POWELL, LOUIS</b>
STREET ADDRESS	1106 BRUID HARBOR OAKS	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUNNINGHAM, DELTON N	5.2 NAME	
STREET ADDRESS	7500 NORMANDY COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL 34642	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CITRONOWICZ, MOSHE	6.2 NAME	
STREET ADDRESS	2674 MCMULLEN BOOTH RD. #1123	6.3 STREET ADDRESS	<b>2806 MEADOW HILL DR. N.</b>
CITY-ST-ZIP	CLEARWATER FL 34621	6.4 CITY-ST-ZIP	<b>CLEARWATER, FL 34621</b>

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, 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 applicable, in attachment with an address.

SIGNATURE: *Delton N. Cunningham* **DELTON N. CUNNINGHAM** 4/10/96 (9.3) 384-2323  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)