

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

FILED
Mar 02 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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

| | | | | | |
|--------------------------------|-----------------|---------------------|------------|--|----|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 12/09/1983 | |
| 21 Suite, Apt #, etc. | 22 City & State | 23 Zip | 24 Country | 25 | 26 |
| 26 | | 27 | | 28 | |
| 29 | | 30 | | 31 | |

| | |
|---|--|
| 4. FEI Number 59-2361305 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
SARON, ROBERT J.
9807 ASHLEY DR
SEMINOLE FL 34842

10. Name and Address of New Registered Agent

| | | | | |
|---------|---|----|---------|-------------|
| B1 Name | B2 Street Address (P.O. Box Number is Not Acceptable) | B3 | B4 City | B5 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | PTD | <input type="checkbox"/> DELETE |
| NAME | SARON, J. ROBERT | |
| STREET ADDRESS | 9807 ASHLEY DR | |
| CITY-ST-ZIP | SEMINOLE FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BUTLER, F. PAUL | |
| STREET ADDRESS | 2004 KISER RD | |
| CITY-ST-ZIP | VALRICO FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MAKRIDES, ANDREW | |
| STREET ADDRESS | 7100 30TH AVE N | |
| CITY-ST-ZIP | ST. PETERSBURG FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | POWELL, LOUIS- | |
| STREET ADDRESS | 1108 BRUID HARBOR OAKS | |
| CITY-ST-ZIP | CLEARWATER FL | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | CUNNINGHAM, DELTON N | |
| STREET ADDRESS | 7500 NORMANDY COURT | |
| CITY-ST-ZIP | SEMINOLE FL 34842 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | CITRONOWICZ, MOSHE | |
| STREET ADDRESS | 2806 MEADOW HILL DR., N | |
| CITY-ST-ZIP | CLEARWATER FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 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 | <input 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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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.

SIGNATURE: *Delton N. Cunningham* SECRETARY DELTON N. CUNNINGHAM 2/11/99 (813) 384-2323

CP2E034 (10/97)