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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 06 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # J88558

**SIGNATURE:** 

(8)

## THE INTERMITTENT COMPRESSION CORPORATION

Principal Place	e of Business	Mailing Address	Mailing Address				. 10011140 E401 10401 14104 01104 01104	TLOK DIRK DI	OU BIBLI BIBLI	OHOU IONI
7821 N. DALE MABRY STE. 200 TAMPA FL 33614		7821 N. DALE MABRY STE. 200 TAMPA FL 33614-3200								
US		U\$				<ol> <li>Date Incorporated or Qualified 08/18/1987</li> </ol>	3a. Date of Last Report 05/01/1996			
<del>_</del>	lace of Business	2s. Mailing Address					4. FEI Number		<del> </del>	pplied For
21		26	<del> </del>				59-2846624			ot Applicable
Suite, Apt.		Suite, Apt. #, etc.	27				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	e	City & State	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Faes			
Zip	Country	Zip	Zip Country				8. This corporation has liability for i		tax under s	i. 199.032,
24	25	29	30]			,	,		No	
	9. Name and Address of Currer	nt Registered Agent		81	<b>.</b>		10. Name and Address of New Re	gistered #	Agent	
STAFFORD, S. L.					Name					
14812 NORTH FLORIDA AVENUE				82	Street	Addres	ss (P.O. Box Number is Not Acceptab	ile)		
TAMI	PA FL 33613			83				<del></del>		
				03						
				84	City			FL	<b>85</b> Zip	Code
office or r	to the provisions of Sections 607,050 egistered agent, or both, in the State in familiar with, and accept the oblig.	of Florida. Such change was	authorize	d by	the corn	corpor poration	ration submits this statement for the p n's board of directors. I hereby accep	urpose of at the appr	changing it pintment as	ts registered registered
SIGNATURE	7		7F D				when reinstating)	DATE		<del></del>
12.	Signature Typed or printed name of registered age	D DIRECTORS	13.	eo Agei	n signature	redareo	ADDITIONS/CHANGES TO OFFICE		DIRECTOR	RS IN 12
TITLE	DPT	DELETE	1.1 T	TLE		Ι	ADDITIONS/CHANGES TO OTTIC	CHO AND	Change	Addition
NAME	EDGERTON, ROY	_		IAME		ĺ				
STREET ADDRESS	1201 MAGDELENE MANOR DR	<b>}</b> .			AODRESS					
CITY-ST-ZIP	TAMPA FL	-		ITY-SI						
TITLE		☐ DELETE	2.1 ]						Change	Addition
NAME			2.2 N	IAME						
STREET ADDRESS			2.3 S	TREET	ADDRESS					
City-St-ZiP			2 4 (	CITY-S	7 - ZIP					
TITLE		☐ DELETE	3 1 T	ITLE				, , , , , , , , , , , , , , , , , , , ,	Change	Addition
NAME.			3.2 N	IAME						
STREET ADDRESS			3.3 S	TREET	ADDRESS	١ ،				
CITY-ST-ZIP				CITY-\$	1-24P	ļ				
TITLE		L DELETE	4.1 T			ļ			☐ Change	☐ Addition
NAME				NAME						
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		DELETE		ITY-S	- ZIP	ļ			Changa	Addition
TITLE NAME			5.1 1	IAME		9			L. Change	() Addition
STREET ADDRESS					a D.D.B.C.C.C.					
					ADDRESS					
CITY+ST-ZIP TITLE	Adv. Adv. Adv	DELETE .	6.1 T	ITY-S'	- LIF				Change	Addition
NAME		<u></u>	6.2 N						27.07.90	
STREET ADORESS					ADDRESS					,
CITY-ST-ZIP				CITY-S						
14. I do heret	by certify that the information supplie	d with this filing does not qua	lify for the	exe	notion s	tated i	n Section 119.07(3)(i), Florida Statute	s. I further	certify that	the 1
laman o	on indicated on this arinual report or s ifficer or director of the corporation of in Block 12 or Block 13 if changed, o	r the receiver or trustee empo	wered to	accu exec	rate and ute this r	tnat n report	ny signature shall have the same lega as required by Chapter 607, Florida S	и епест as Statutes; ar	if made un nd that my i	ider dath; that name;