FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY 19 AM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K30163 (5)

1. Corporate Name
M. & G. EUROCLASSICS FLA., INC.

Principal Place of Business
12890 STARKEY RD #1
LARGO FL 34643

Mailing Address
12890 STARKEY RD #1
#5D
LARGO FL 34641
US

3. Date Incorporated or Qualified: 07/26/1988
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21
26 12890 Starkey Rd
Suite, Apt. No.
22
27 Unit 1
City, State, Zip
23 LARGO FL 34643
28 LARGO FL 34643
24 25 29 30

4. FEI Number: 59-2909865
Applied For / Not Applicable

5. Certificate of State Tax Deposit: $8.75 Additional Fee Required

6. Federal Employer Identification Number: $5.00 May Be Added to Fees

8. Does the corporation elect to be governed by Section 607.0832, Florida Statutes? X Yes No

9. Name and Address of Current Registered Agent
KEUNE, MANFRED
7200 ULMERTON RD #5D
LARGO FL 34641

10. Name and Address of New Registered Agent
81 Name
82 12890 Starkey Rd Unit 1
83
84 City LARGO FL 85 34643

11. [illegible]

12.
PST
KEUNE, MANFRED
7200 ULMEDRTON RD #5D
LARGO FL
D
KEUNE, MANFRED
7200 ULMERTON RD #5D
LARGO FL

13. Additional Officers and Directors
X President
12890 Starkey Rd Unit 1
LARGO FL 34643
X Secretary
12890 Starkey Rd Unit 1
LARGO FL 34643
Name
Title
Address

14. [illegible]

SIGNATURE: Manfred Keune 4/25/95
Signature and Typed or Printed Name of Acting Officer or Director

0362814 CP

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K31564** **(3)**

1. Corporation Name
FOUR HANDS DENTAL LAB, INC.

Principal Place of Business
7004 SHELDON RD
TAMPA FL 33615

Mailing Address
7004 SHELDON RD
TAMPA FL 33615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/19/1988
3a. Date of Last Report: 06/10/1994

2. Principal Place of Business — 21 — 22 — 23 — 24 — 25
2a. Mailing Address — 26 — 27 — 28 — 29 — 30

4. FEI Number: 59-2903296
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. Is corporation to be listed in the Florida Trade Directory? [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
LEE, JUNG JAE
7004 SHELDON RD
TAMPA FL 33615

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. Principal Business Activity

12.
DP
LEE, JUNG JAE
7004 SHELDON RD
TAMPA FL

13. ADDITIONAL OFFICERS AND DIRECTORS

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attached amendment, or on other legal documents on file with the Division of Corporations pursuant to Chapter 607, Florida Statutes.

SIGNATURE: 5-1-95 8097-0075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0297710 CP

9383

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TALLAHASSEE, FLORIDA

DOCUMENT # **K31618** **(7)**

1. Corporate Name
ADVANCED MEDICAL EQUIPMENT AND SUPPLIES, INC.

Principal Office Address
105 E. MARION AVE
PUNTA GORDA FL 33950

Mailing Address
105 E. MARION AVE
PUNTA GORDA FL 33950

FOR WEB USE ONLY

3. Date Incorporated (Year Only) **08/23/1988**
3a. Date of Last Report **05/01/1994**

2. Principal Place of Business
21
Suite, Apt. #
22
City
23
State
24 Zip 25

2a. Mailing Address
26
Suite, Apt. #
27
City
28
State
29 Zip 30

4. FEI Number **65-0059875** Applied For / Not Applicable

5. Certificate of Status Desired **$8.75** Additional Fee Required

6. Filing Fee Computer Processing Trust Fund Contribution **$5.00** May Be Added to Fees

8. This corporation has activity for consideration for purposes of Florida Statutes Yes / No

9. Name and Address of Current Registered Agent
LOWE, MICHAEL
2476 MALAYA CT S.
PUNTA GORDA FL 33983

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number Not Acceptable)
B3
B4 City **FL** B5 Zip Code

11. [illegible]

12. Officers and Directors

D
LOWE, MICHAEL
2446 MALAYA CT.
PUNTA GORDA FL

D.
MAUGHAN, KEVIN
6012 WHITE HERON LANE
SANIBEL, FL. 33957.

D.
SCHMIDT, FERENC.
619 ROSE LANE,
BRYN MAWR, PA. 19010

D.
COLE, JERRY
167B STH. FOUNTAINHEAD ROAD,
FT. MYERS, FL. 33919

13. Additional Officers and Directors [illegible]

14. [illegible]

SIGNATURE: [signature] 5/15/95 (813)637-8722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0329384 CP