SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

1. Corporation Name

(7)

SOURCE 1, MEDICAL EQUIPMENT & SERVICES, INC.

Principal Plac	e of Business	Malling Address		! {###!{\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	DAGII DAGA DAGA BIDII BIDII IDDA
2480 EAST BA	v h p	2480 E. GAY DR			
#1		#1			
LARGO FL 34641		LARGO FL 34641		DO NOT WRITE IN THIS SPACE	
US		U\$		3. Date Incorporated or Qualified	
				10/27/1989	
2. Principal P	lace of Business	2a. Mailing Address	Λ .	4. FEI Number	Applied For
21		26 2480 E.	lay of	59-2975208	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	3	5. Certificate of Status Desired	\$8.75 Additional
22		27 1 1		5. Certificate of Status Desireo	Fee Required
City & Stat	Θ	City & State	61	6. Election Campaign Financing	\$5.00 May Be
23	· · ·	28 CNGD	F [Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the co	
24	25	- 1. A	30 USA	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	d Agent
NEIKIRK, JEFFREY S.				effren S. Neikir	k
9633 LEEWARD AVENUE			82 Street Add	ress (P.O. Box Number is Not Acceptable)	-
LARGO FL 34643				480 E. Bay 0	<u>r</u>
			83	Lj J	
			84 City		85 Zip Code
				argo F	L 85 Zip Code
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 femiliar with, and accept the obligations of, section 607.0505, Florida Statutes.					
SIGNATURE JEFFREY S. Newick Wfr. 1 160 9/26/98					
	Signature, typed or printed name of registered agent			gulred when reinstating) DATE	
12.	OFFICERS AND	··· ··· ··· ··· ··· ·· · · · · · · · ·	/13U (ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	P	L DELETE	1.1 TITLE		Change Addition
NAME	NEKIRK, JEFFREY S.		1.2 NAME		
STREET ADDRESS	9633 LEEWARD AVE., NORTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL	· · · · · · · · · · · · · · · · · · ·	1.4 CITY-ST-ZIP		
TITLE	VTS	DELETE	2.1 TITLE		Change Addition
NAME	VIERLING, HENRY F.		2.2 NAME		
STREET ADDRESS	8958 ST. ANDREWS DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL		2.4 CITY-ST-ZIP		
TITLE	D	[_] DELETE	3.1 TITLE		Change Addition
NAME	CREWS, L. GERALD		3.2 NAME		
STREET ADDRESS	7266 129 ST. NORTH		3.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL	· · · · · · · · · · · · · · · · · · ·	3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		L	4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		_
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		_ ,
STREET ADDRESS			6.3 STREET ADDRESS		

6.4 CITY-ST-ZIP

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 for supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under path; 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 pn analysischment with an address.

FILED

Sep 30 1998 8:00am

Secretary of State

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