

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L75692** (8)

1. Corporation Name

ABEL MEDICAL EQUIPMENT AND SUPPLY, INC.



Principal Place of Business

Mailing Address

C/O DOMINIC SIANO
10800 S US #1
PORT S. LUCIE FL 34952

C/O DOMINIC SIANO
10800 S US #1
PORT S. LUCIE FL 34952

3. Date Incorporated or Qualified
05/23/1990

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0219252

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIANO, DOMINIC
8001 S FEDERAL HWY.
PORT ST. LUCIE FL 34952

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

Dominic Siano

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-11-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **PT SIANO, DOMINIC**
STREET ADDRESS **710 GRANDVIEW BLVD.**
CITY-ST-ZIP **FT. PIERCE FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DELETE
NAME **VPS ANDREWS, GENE**
STREET ADDRESS **1985 GENA AVE.**
CITY-ST-ZIP **PORT ST. LUCIE FL**

2.1 TITLE Change Addition
2.2 NAME **JACKSON, KENNETH A.**
2.3 STREET ADDRESS **715 KEARNEY DR.**
2.4 CITY-ST-ZIP **FORT PIERCE, FL 34982**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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 in attachment with an address.

SIGNATURE:

Kenneth A. Jackson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-96

Date

Daytime Phone #

CR2E034 (12/95)