

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

FILED
Feb 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L75692 (8)
 1. Corporation Name
ABEL MEDICAL EQUIPMENT AND SUPPLY, INC.



Principal Place of Business C/O DOMINIC SIANO 10800 S US #1 PORT S. LUCIE FL 34952	Mailing Address 2299 OKEECHOBEE RD 10800 S US #1 FT PIERCE FL 34950 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	22	26	27	05/23/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
City & State		City & State		65-0219252	
Zip		Zip		Applied For	
Country		Country		Not Applicable	
24		25		5. Certificate of Status Desired	
29		30		<input type="checkbox"/> \$8.75 Additional Fee Required	
3. Name and Address of Current Registered Agent		4. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution	
SIANO, DOMINIC 8001 S FEDERAL HWY. PORT ST. LUCIE FL 34952		SIANO, DOMINIC 8001 S FEDERAL HWY. PORT ST. LUCIE FL 34952		<input type="checkbox"/> \$5.00 May Be Added to Fees	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
83		84 City		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
85 Zip Code		FL			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT SIANO, DOMINIC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIANO, DOMINIC	1.2 NAME	
STREET ADDRESS	710 GRANDVIEW BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	1.4 CITY-ST-ZIP	
TITLE	VPS JACKSON, KENNETH A.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, KENNETH A.	2.2 NAME	
STREET ADDRESS	715 KEARNEY DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Dominic Siano* **2/10/98 561-466-0971**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0488121

CR2E034 (10/97)