

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L84015

1. Corporation Name RESPIFLOW, INC.

99 JUL 27 PM 4:04

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business 8400 BAYMEADOWS WAY #3 JACKSONVILLE FL 32257

Mailing Address 8400 BAYMEADOWS WAY #3 JACKSONVILLE FL 32257

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/28/1990

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 59-3014809

Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

25 Country

28 Zip

30 Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KRAEMER, WALTER 5730 BOWDEN ROAD SUITE 110 JACKSONVILLE FL 32216

81 Name Corporation Service Company 82 Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street 83 84 City Tallahassee FL 85 Zip Code 32301

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

Judith A. Blaney

(NOTE: Registered Agent signature required when registering)

DATE 7/27/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P NAME TROWBRIDGE, WARREN K STREET ADDRESS 10010 SKINNER LAKE DRIVE CITY-ST-ZIP JACKSONVILLE FL 32256

11 TITLE VICE PRESIDENT PALADINI, WAYNE 11 SKYLINE DRIVE HAWTHORNE, NY 10532

TITLE PRESIDENT NAME BOGGS, MARK A STREET ADDRESS 505 WILLOW OAK LANE CITY-ST-ZIP JACKSONVILLE FL 32259

21 TITLE PRESIDENT NAME BOGGS, MARK A STREET ADDRESS 505 WILLOW OAK LANE CITY-ST-ZIP JACKSONVILLE, FL 32259

TITLE NAME STREET ADDRESS CITY-ST-ZIP

31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

61 TITLE 62 NAME 63 STREET ADDRESS 64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

904-933-3565

Daytime Phone #

CR2E034 (11/98)