

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8:00P. \$275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUL -3 AM 8:09

DOCUMENT # V52998 (4)

1. Corporation Name
ACCESS MEDICAL & OFFICE SUPPLIES, INC.

Principal Place of Business: **355 LAKESHORE DRIVE DAYTONA BCH. FL 32114 US**
Mailing Address: **335 LAKESHORE DRIVE DAYTONA BCH FL 32114 US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **07/24/1992** 3a. Date of Last Report: **03/25/1994**
4. FEI Number: **59-3139150** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. I will pay corporation fees and: **\$5.00 May Be Added to Fees**
7. This corporation has taxes for intangible tax under s. 193 (1995 Florida Statutes): Yes No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**
State, Apt. # etc: **22** State, Apt. # etc: **27**
City & State: **23** City & State: **28**
Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**CORPORATION INFORMATION SERVICES INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

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. 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 607.0503, Florida Statutes.

SIGNATURE: _____ (Signature of Agent) _____ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS	
12.1 TITLE	VD	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME	ROTSTEIN, MICHAEL H.	13.2 NAME	
12.3 STREET ADDRESS	321 N CLYDE MORRIS BLVD	13.3 STREET ADDRESS	
12.4 CITY, ST, ZIP	DAYTONA BEACH FL	13.4 CITY, ST, ZIP	
12.5 TITLE	STD	13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME	OFFENBERG, HOWARD	13.6 NAME	
12.7 STREET ADDRESS	321 N CLYDE MORRIS BLVD	13.7 STREET ADDRESS	
12.8 CITY, ST, ZIP	DAYTONA BEACH FL	13.8 CITY, ST, ZIP	
12.9 TITLE	PD	13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME	CALDWELL, JACQUES	13.10 NAME	
12.11 STREET ADDRESS	321 N CLYDE MORRIS BLVD	13.11 STREET ADDRESS	
12.12 CITY, ST, ZIP	DAYTONA BEACH FL	13.12 CITY, ST, ZIP	
12.13 TITLE		13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME		13.14 NAME	
12.15 STREET ADDRESS		13.15 STREET ADDRESS	
12.16 CITY, ST, ZIP		13.16 CITY, ST, ZIP	
12.17 TITLE		13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 NAME		13.18 NAME	
12.19 STREET ADDRESS		13.19 STREET ADDRESS	
12.20 CITY, ST, ZIP		13.20 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(a), Florida Statutes. I further certify that the information reflected on this annual report or bi-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 of this filing as an attachment with an address.

SIGNATURE: _____
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **HOWARD OFFENBERG**

6-27-95 **909 438-7016**

CR2E034 (3/95)