

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

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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90052 035 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # V64575

1. Corporation Name
DISCOUNT MEDICAL SUPPLY OF FLORIDA, INC.



Principal Place of Business
2045 12TH ST
SARASOTA FL 34237
US

Mailing Address
2045 12TH ST
SARASOTA FL 34237
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/17/1992

4. FEI Number
65-0357026

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

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

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KUSHIM, EUGENE
2045 12TH ST
SARASOTA FL 34237

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. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Carmen KUSHIM* **CARMEN KUSHIM, PRES** **3-1-99**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when installing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KUSHIM, EUGENE	1.2 NAME PRESIDENT
STREET ADDRESS	4002 52ND DR WEST	1.3 STREET ADDRESS KUSHIM, CARMEN
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP 2045 12TH ST
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME
STREET ADDRESS		2.3 STREET ADDRESS
CITY-ST-ZIP		2.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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, with all other like empowered.

SIGNATURE: *Carmen KUSHIM* **CARMEN KUSHIM** **3-1-99** **(941) 954-9066**
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)