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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 264768

1. Corporation Name

RANDLE MEDICAL SALES AND RENTALS INC

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Principal Place of Business Mailing Address					, ·	100	THE THE PARTY OF T	के . । अपन्य सामान सामान	i Aidir arari 1991	
1889 N.W. 7TH STREET 1889 N.W. 7TH STREE MIAMI FL 33125 MIAMI FL 33125				Beer (Constant of the Constant			Transaction and very me 12			
								DO NOT WRITE IN THIS SPACE		
	• • • • • • • • • • • • • • • • • • • •						3. Date Incorporated or Qualifed 11/26/1962			
0 0-111-0	ace of Business	2a.	Mailing Address				4. FEI Number	1 1	Applied For	
	ace of business	— — —	walling Address				59-0998916		Not Applicable	
Suite, Apt.	# etc	26	Suite, Apt. #, etc.						Additional	
22	π, οιο.	27	June, 1 pm, 510.				5. Certificate of Status Desired	• • • •	Required	
City & State	a in the instance of the insta		City & State ~	7.			6. Election Campaign Financing	\$5.00	May Be	
23	·	28					Trust Fund Contribution	Added	to Fees	
Zip	Country	-	Zip	Cou	ntry		8. This corporation owes the current ye	ear Intangible	□No	
24	25	29	mad Amont	30	Ι		Personal Property Tax. 10. Name and Address of New Regis			
	9. Name and Address of Curr	ent Registi	neu Agent		81	Name	IV. Halle alla Audicos el Non Itagia			
RANI	OLE, JAMES A	•								
1889 N.W. 7TH STREET					82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
MIAN	11 FL 33125			'	83					
i						_			Codo	
					84	City		FL 85 Zip	o Code	
11. Pursuant	to the provisions of Sections 607.0	502 and 60	7.1508, Florida Stat	utes, the al	bove	e-named corp	poration submits this statement for the purpo	se of changing if	ts 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	Signature, typed or printed name of registered a	gent and title if	applicable. (NO	TE: Registered	Agen	nt signature require		ATE		
12.	OFFICERS /	AND DIREC		13.			ADDITIONS/CHANGES TO OFFICE			
TITLE	DV		☐ DELETE	1.1 TT				Change	Addition	
NAME	randle, James A			1.2 NA						
STREET ADDRESS	1889 N W 7TH STREET			1.3 ST	REET	TADDRESS			{	
CITY-ST-ZIP	MIAMI, FL 00000			1.4 CF		T-ZIP	44.2	☐ Change	e Addition	
TITLE	PD		☐ DELETE	2.1 TT				Change	, Li Addition	
NAME	RANDLE, WILLIA L			2.2 NA					1	
STREET ADDRESS	1889 N W 7TH STREET					TADDRESS			ĺ	
CITY-ST-ZIP	MIAMI, FL 00000		- DELETE		_	ST-ZIP		☐ Change	Addition	
TITLE · ·	D PANDLE VENNETH		- E OCCE16	3.1 III		. -				
NAME	RANDLE, KENNETH			Ł		T ADDRESS			ļ	
STREET ADDRESS	1889 N W 7TH ST					T ADDRESS ST-ZIP				
CITY-ST-ZIP TITLE	MIAMI, FL 00000		☐ DELETE	4.1 T		51-2,15		Change	e Addition	
NAME				4. 2 N				•	\ -	
STREET ADDRESS						TADDRESS		•	į	
CITY-ST-ZIP	,			4,4 CI						
TITLE			☐ DELETE	5.1 TI				☐ Change	e Addition	
NAME				5.2 N					ļ	
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CITY-ST-ZIP				5.4 CI	TY-S	T-ZIP				
TITLE			☐ DELETE	6.1 π	TLE			☐ Change	e 🔲 Addition	
NAME				6.2 N/	AME					
STREET ADDRESS			-	6.3 \$7	REET	T ADDRESS			\$	
CITY ST. 7ID				6.4 CI	TY-S	T-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: