

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 613052 (0)
1. Corporation Name
MEDICAL EQUIPMENT RENTALS OF CENTRAL FLORIDA, IN
C.



Principal Place of Business
406 EAST SILVER SPRINGS BLVD
OCAL FL 34478
US

Mailing Address
1125 NORTH SUMMIT STREET
CRESCENT CITY FL 32112
US

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 03/15/1979	
4. FEI Number 59-1883626	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HALDIN, JR. WILLIAM C. 808 SOUTHEAST FORT KING STREET OCALA FL 34471		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D FLETCHER, WARREN D CEDAR COVE, ROUTE 309 GEORGETOWN FL	1.1 TITLE	Change Addition
NAME	PD FLETCHER, JAMES 4538 SE 4TH PLACE OCALA FL	1.2 NAME	Change Addition
STREET ADDRESS	VD DONAHUE, HAROLD 1340 SE 17TH STREET OCALA FL	1.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP	8 FRAZER, NORMA 174 MOONLIGHT DRIVE SATSUMA FL	1.4 CITY-ST-ZIP	Change Addition
TITLE		2.1 TITLE	Change Addition
NAME		2.2 NAME	Change Addition
STREET ADDRESS		2.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Change Addition
TITLE		3.1 TITLE	Change Addition
NAME		3.2 NAME	Change Addition
STREET ADDRESS		3.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Change Addition
TITLE		4.1 TITLE	Change Addition
NAME		4.2 NAME	Change Addition
STREET ADDRESS		4.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Change Addition
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	Change Addition
STREET ADDRESS		5.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Change Addition
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	Change Addition
STREET ADDRESS		6.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Change Addition

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 _____ NAME T FRAZER _____ 11 5 98 904 698174

CR2E034 (10/97)