

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

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**FILED**

97 MAY -8 AM 8:43

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # F9400000218 (7)**

1. Corporation Name  
**INVACARE CORPORATION**



Principal Place of Business: **899 CLEVELAND ST. ELYRIA OH 44035**  
Mailing Address: **899 CLEVELAND ST. ELYRIA OH 44035-4107**

3. Date Incorporated or Qualified <b>01/14/1994</b>	3a. Date of Last Report <b>04/24/1996</b>
4. FEI Number <b>95-2680965</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**ALLARD, CHRISTOPHER  
2101 E LAKE MARY BLVD.  
SANFORD FL 32773**

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	CD
NAME	MIXON, A. MALACHI III	1.2 NAME	
STREET ADDRESS	899 CLEVELAND ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ELYRIA OH	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	RICHEY, JOSEPH B II	2.2 NAME	
STREET ADDRESS	899 CLEVELAND ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ELYRIA OH 44035	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	
NAME	MUKLICH, THOMAS R	3.2 NAME	
STREET ADDRESS	899 CLEVELAND ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ELYRIA OH	3.4 CITY-ST-ZIP	
TITLE	COO	4.1 TITLE	PD
NAME	BLOUCH, GERALD B	4.2 NAME	
STREET ADDRESS	899 CLEVELAND ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ELYRIA OH	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	CALLAHAN, FRANCIS J	5.2 NAME	
STREET ADDRESS	899 CLEVELAND ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ELYRIA OH 44035	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	CARR, FRANK B	6.2 NAME	
STREET ADDRESS	899 CLEVELAND ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ELYRIA OH 44035	6.4 CITY-ST-ZIP	

14. I do 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: \_\_\_\_\_

CP2E034 (9/96)