


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

FILED
Apr 24 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 # F94000000218 (7)
 1. Corporation Name
INVACARE CORPORATION



| | |
|--|--|
| Principal Place of Business 899 CLEVELAND STREET ELYRIA OH 44035-4107 | Mailing Address 899 CLEVELAND ST. ELYRIA OH 44035 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|--|--|--|--|
| 2. Principal Place of Business ONE INVACARE WAY | | 2a. Mailing Address ONE INVACARE WAY | | 3. Date Incorporated or Qualified 01/14/1994 | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 4. FEI Number 95-2680965 | |
| 22 City & State ELYRIA, OH | | 27 City & State ELYRIA, OH | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 Zip 44035 | | 28 Zip 44035 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 Country | | 29 Country | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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 | 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 607.0506, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and firm if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | CD | <input type="checkbox"/> DELETE |
| NAME | MIXON, III, A. MILACHI | |
| STREET ADDRESS | 899 CLEVELAND ST. | |
| CITY-ST-ZIP | ELYRIA OH 44035 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | RICHEY, II, JOSEPH B | |
| STREET ADDRESS | 899 CLEVELAND STREET | |
| CITY-ST-ZIP | ELYRIA OH 44035-4107 | |
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | MIKLICH, THOMAS R | |
| STREET ADDRESS | 899 CLEVELAND ST. | |
| CITY-ST-ZIP | ELYRIA OH | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | BLOUCH, GERALD B | |
| STREET ADDRESS | 899 CLEVELAND ST. | |
| CITY-ST-ZIP | ELYRIA OH | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | CALLAHAN, FRANCIS J | |
| STREET ADDRESS | 899 CLEVELAND ST. | |
| CITY-ST-ZIP | ELYRIA OH 44035 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | CARR, FRANK B | |
| STREET ADDRESS | 899 CLEVELAND ST. | |
| CITY-ST-ZIP | ELYRIA OH 44035 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | ONE INVACARE WAY |
| 1.4 CITY-ST-ZIP | ELYRIA, OH 44035 |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | ONE INVACARE WAY |
| 2.4 CITY-ST-ZIP | ELYRIA, OH 44035 |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | ONE INVACARE WAY |
| 3.4 CITY-ST-ZIP | ELYRIA, OH 44035 |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | ONE INVACARE WAY |
| 4.4 CITY-ST-ZIP | ELYRIA, OH 44035 |
| 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | ONE INVACARE WAY |
| 5.4 CITY-ST-ZIP | ELYRIA, OH 44035 |
| 6.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | ONE INVACARE WAY |
| 6.4 CITY-ST-ZIP | ELYRIA, OH 44035 |

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: Thomas R. Miklich **THOMAS R. MIKLICH** 4/13/98 (440) 329-6000

CR2E034 (10/97)