


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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000004926 (8)
 1. Corporation Name
CDS MEDICAL SUPPLIES, INC.



Principal Place of Business 1951 J&C BLVD. NAPLES FL 33942	Mailing Address 1951 J&C BLVD. NAPLES FL 33942
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/22/1997		4. FEI Number 65-0760349		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21 2373 Horseshoe Drive S Suite, Apt. #, etc.	2a. Mailing Address 26 2373 Horseshoe Dr. S Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22 City & State 23 Naples, FL	27 City & State 28 Naples, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24 Zip 34104	25 Country USA	29 Zip 34104	30 Country USA	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
NATIONAL CORPORATE RESEARCH, LTD., INC.
1408 HAYS ST., STE. #2
TALLAHASSEE FL 32301

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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MAROTTA, JOSEPH L	<input checked="" type="checkbox"/>
STREET ADDRESS	832 TANBARK DR.	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FISCINA, PETER J	<input checked="" type="checkbox"/>
STREET ADDRESS	1951 J&C BLVD.	
CITY-ST-ZIP	NAPLES FL 33942	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLUMENTHAL, MYRON M	<input type="checkbox"/>
STREET ADDRESS	1951 J&C BLVD.	
CITY-ST-ZIP	NAPLES FL 33942	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Director/Chairman
2.3 STREET ADDRESS	FISCINA, PETER J.
2.4 CITY-ST-ZIP	2373 Horseshoe Dr. S
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Naples, FL 34104
3.3 STREET ADDRESS	Director, Vice President, Secretary
3.4 CITY-ST-ZIP	BLUMENTHAL, MYRON M
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	2373 Horseshoe Dr. S
4.3 STREET ADDRESS	President
4.4 CITY-ST-ZIP	ROBERTS, FREDERICK J.
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	2373 Horseshoe Dr. S
5.3 STREET ADDRESS	Naples, FL 34104
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *Myron M. Blumenthal*

CR2E034 (1097)