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

**PROFIT CORPORATION ANNUAL REPORT** 

1998

14. hereby certify that the information indicated on this annual report or efficer or director of the corporation Block 12 or Block 13 if changed or

lied with this fling nental annual repo receiver of truste



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

May 07 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

G15290

(1)

BAYONET POINT OXYGEN SERVICES, INC.

Principal Place of Business	Mailing Address			ist menti åldet Ethia Bibit fabl
13910 FIVAY RD., STE 17 HUDSON FL 34667 13910 FIVAY RD., STE 17 HUDSON FL 34667		,	DO NOT WRITE IN THIS	S SPACE
t			3. Date Incorporated or Qualified	
			12/25/1982	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-2244774	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 25	Z(p	Country 30	This corporation owes or has paid the c Personal Property Tax due June 30.	urrent year Intangible  X Yes  No
Name and Address of Currer			10. Name and Address of New Registered	d Agent
GASSMAN, ALAN ESQ		B1 Name		
1245 COURT ST. STE 101 CLEARWATER FL 34616		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
		83		
		84 City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State	02 and 607.1508, Florida Statute	es, the above-named corp	poration submits this statement for the purpose	of changing its registered
agent. I am familiar with, and accept the oblig	entions of, Section 607,0505, Flo	autnorized by the corporati orida Statutes.	ion's board or directors. I hereby accept the ap	opointment as registered
SIGNATURE	·			
Signature, lyped or printed name of registered age 12. OFFICERS AN	ont and little if applicable (NOTE ID DIRECTORS	F: Registered Agent signature require  13.	ed when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE PST	DELETE	1.1 TIFLE	ADDITIONS/OFFACES TO OFFICERS AT	Change Addition
NAME WEINER, PAULA		1.2 NAME		•
STREET ADDRESS 13910 FIVAY RD., #17		13 STREET ADDRESS		
CITY-ST-ZIP HUDSON, FL 0		1.4 CITY-ST-ZIP		
TITLE	☐ DELETE	2.1 TITLE		Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS	. · · · · · · · · · · · · · · · · · · ·	
CITY-ST-ZIP	DELETE	2.4 CITY-ST-ZIP	·	Change Addition
NAME	[_] OLLCIL	3.1 TITLE 3.2 NAME		C Charge C Addition
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY - ST-ZIP		
TITLE	☐ DELĒTE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY - ST - ZIP		
TITLE	☐ DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-\$1-ZIP	☐ DELETE	5.4 CITY - ST - ZIP		Change Addition
NAME .		6.1 TITLE 6.2 NAME		T Duange T Modified
STREET ADORESS		6.3 STREET ADDRESS		

6.4 CITY-ST-ZIP

does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information it is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in