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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996
DOCUMENT #
1. Corporation Name

G74330

(3)

A BUDGET MEDICAL EQUIPMENT AND SUPPLIES, INC.

FILED May 01 1996 8:00 am Secretary of State



Principal Place of Business		Mailing Address			ı nesian edin sedin dinde inne kinli deli bibil bibil bibli bibli bibli bibli					
3872 TAMIAMI TRAIL UNIT E PORT CHARLOTTE FL 33952		3872 TAMIAMI TRAIL UNIT E PORT CHARLOTTE FL 33952								
			*·•				3. Date Incorporated or Qualified 12/16/1983	3a. Date		st Report /1995
2. Principal Place of Business			2a. Mailing Address				4. FEI Number			Applied For
21	l nto		26				59-2505888			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State			City & State				6. Election Campaign Financing		\$5	5.00 May Be
2 3 Zip	T		28				Trust Fund Contribution			dded to Fees
24	25	intry	Zip	<u>-</u> -	Dountry	•	8. This corporation has liability for i		unde	ers 199.032,
<u> </u>		dress of Current	29 Registered Agent	[30]	1			□No		
	0, 112112		nogratered Agent		81	Name	10. Name and Address of New R	legistered A	gent	
יוממגים	E DELODEO A									
24673 N	E, DELORES A.			82 S		Street Add	Address (P.O. Box Number is Not Acceptable)			
	IOVA LN HARLOTTE FL 33	080			83			···		
i oni o	INVIENTE EL 33	JUUG								
					84	City		FL	85	Zıp Code
11. Pursuant to	the provisions of S	ections 607 0502 a	and 607 1508. Florida	Statutes the s		Smind cores	pration submits this statement for the pur		لــل	
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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 logal 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H1/96

Duytin'e Phone #