

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  
May 07 1997 8:00am  
Secretary of State

DOCUMENT # **G74330** (3)  
1. Corporation Name  
**A BUDGET MEDICAL EQUIPMENT AND SUPPLIES, INC.**



Principal Place of Business  
**3872 TAMiami TRAIL UNIT E  
PORT CHARLOTTE FL 33952**

Mailing Address  
**3872 TAMiami TRAIL UNIT E  
PORT CHARLOTTE FL 33952-8463**

3. Date Incorporated or Qualified  
**12/16/1983**

3a. Date of Last Report  
**05/01/1996**

4. FEI Number  
**59-2505888**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29

30

9. Name and Address of Current Registered Agent

**D'APRILE, DELORES A.  
24673 NOVA LN  
PORT CHARLOTTE FL 33980**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	DP			<input type="checkbox"/>
	D'APRILE, DELORES A	24673 NOVA LN	PORT CHARLOTTE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	15 TITLE	16 NAME	17 STREET ADDRESS	18 CITY - ST - ZIP	19 TITLE	20 NAME	21 STREET ADDRESS	22 CITY - ST - ZIP	23 TITLE	24 NAME	25 STREET ADDRESS	26 CITY - ST - ZIP	27 TITLE	28 NAME	29 STREET ADDRESS	30 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

*Delores A. D'Aprile*

3/10/1997

CR2E034 (9/96)