

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:56

DOCUMENT # H48294 (3)

1. Corporation Name
AFFORDABLE BREATHING CONCEPTS, INC.

Principal Place of Business
2816 EDGEWATER DR
ORLANDO FL 32804
US

Mailing Address
2816 EDGEWATER DR
ORLANDO FL 32804
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
03/21/1985

3a. Date of Last Report
05/01/1994

2. Principal Place of Business
21 **727 W. SMITH STREET**
26 **727 W. SMITH STREET**

4. FEI Number
59-2539197

Applied For
Not Applicable

Suite, Apt. #, etc.
22
27

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

City & State
23 **ORLANDO, FL**
28 **ORLANDO, FL**

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

Zip Country
24 **32804** 25 **U.S.**
29 **32804** 30 **U.S.**

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

9. Name and Address of Current Registered Agent
JOHNSON, LOUIS J
2816 EDGEWATER DR
ORLANDO FL 32804

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
727 W. SMITH STREET
B3
B4 City **ORLANDO** FL B5 Zip Code **32804**

11. Pursuant to the provision 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 *Louis Johnson*
Date **4/25/95**

(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JOHNSON, LOUIS, JR.
STREET ADDRESS	3400 ORANOLE ROAD
CITY - ST - ZIP	ORLANDO FL
TITLE	STD
NAME	JOHNSON, CARRIE
STREET ADDRESS	3400 ORANOLE RD
CITY - ST - ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 employed, or on an attachment with an address.

SIGNATURE: *Louis Johnson*
Date **4/25/95**

(407) 843-4848