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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT-# H96645

GARRISON'S PROSTHETIC SERVICE, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

29

Zip

17184 N.E. 19TH AVENUE NORTH MIAMI BEACH FL 33162

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

24

Zip

17184 N.E. 19TH AVENUE NORTH MIAMI BEACH FL 33162

FILED Feb 16, 1999 8:00am **Secretary of State**

02-16-1999 90059 045 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 01/30/1986 Applied For 4. FEI Number Not Applicable 59-2634748 \$8.75 Additional 5. Certifcate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Added to Fees **Trust Fund Contribution** 8. This corporation owes the current year Intangible X Yes Personal Property Tax.

GARRISON, KEVIN
17184 N.E. 19TH AVENUE
NORTH MIAMI BEACH FL 33162

Country

9. Name and Address of Current Registered Agent

1	10. Name and Address of New Registered Agent	_
81	Name	
		٠
82	Street Address (P.O. Box Number is Not Acceptable)	
	and the second s	
83		7
03		
<u> </u>	City 85 Zip Code	_
84	City El 85 Zip Code	
1		÷

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

Country

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office or a agent. I a	registered agent, or both, in the State of Florida. Such change warm familiar with, and accept the obligations of, Section 607.0505,	Florida Statutes.	ion a board of discolors. This cap accept			
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (N	OTE: Registered Agent signature requir	ed when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS	13.		GES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T DELETE	1.1 TITLE		☐ Change	☐ Addition	
NAME	GARRISON, KEVIN S.	1.2 NAME				
	733 LAKES BOULEVARD	1.3 STREET ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL	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		2. 4 CITY-ST-ZIP		·	•	
TITLE	DELETE	3.1 TITLE		Change	☐ Addition	
NAME		3.2NAME	· :		7	
STREET ADDRESS		3.3 STREET ADDRESS		r e santa e e e e e e e e e e e e e e e e e e e	· · · · · · · · · · · · · · · · · · ·	
CITY-ST-ZIP		3.4 CITY-ST-ZIP				
TITLE	☐ DELETE	4. ITTLE		Change	. Addition	
NAME		4. NAME				
STREET ADDRESS		4 STREET ADDRESS				
CITY-ST-ZIP		4 CITY-ST-ZIP				
TITLE	☐ DELETE	5 ITLE		☐ Change	☐ Addition	
NAME		SHAME		,		
STREET ADDRESS		TREET ADDRESS		,		
CITY-ST-ZIP		STY-ST-ZIP				
TITLE	☐ DELETE	ITLE	•	Change	Addition	
NAME		AME				
STREET ADDRESS		TREET ADDRESS				
		rry-ST-ZIP				

14. I hereby certify that the information supplied with this filing does not qualify for the indicated on this annual report or supplemental annual report is true and accurate officer or director of the corporation or the receiver or trustee empowered to exect Block 12 or Block 13 if changed, or on an attachment with an address, with all other trustees.

emption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information t that my signature shall have the same legal effect as if made under oath; that I am an his report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: