

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **J30605 (6)**
1. Corporation Name
MED-EQUIP, INC.

50 MAY 1 11:20
SECRET
TALLAHASSEE, FLORIDA

Principal Place of Business: **4757 110TH TERRACE NO. CLEARWATER FL 34622**
Mailing Address: **4757 110TH TERRACE NO. CLEARWATER FL 34622**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21. 5823 49th Street North		26. 5823 49th Street North		09/01/1986	04/29/1994
22. State Apt # etc.		27. State Apt # etc.		4. FEI Number	Applied For Not Applicable
23. St. Petersburg, FL		28. St. Petersburg, FL		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24. 33709		29. 33709		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25. County		30. County		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SCHAFFER, WALTER L, JR. 2349 SUNSET POINT RD. SUITE 401 CLEARWATER FL 33575				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. State FL 85. Zip Code			

11. Pursuant to the provisions of Sections 199.031 and 199.032, Florida Statutes, the undersigned corporation supports the statement for the purpose of changing its registered office as registered at point of birth in the State of Florida, South Shreve, was authorized by the corporation's Board of Directors. I hereby declare the above additional as registered agent. I am licensed with and accept the responsibility for the corporation under Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS	
NAME	D CAMARINOS, GEORGE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Address
STREET ADDRESS	4757 110TH TERR N	STREET ADDRESS	5823 49th Street North
CITY	CLEARWATER FL	CITY	St. Petersburg, FL 33709
NAME	D HOUSER, J. HENRY	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Address
STREET ADDRESS	4757 110TH TERR N	STREET ADDRESS	5823 49th Street North
CITY	CLEARWATER FL	CITY	St. Petersburg, FL 33709
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct, and that I am duly qualified to act as a registered agent for the corporation in the State of Florida. I am licensed with and accept the responsibility for the corporation under Florida Statutes.

SIGNATURE: *J. Henry Houser*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
J. Henry Houser
 4/27/95
 573-3577