

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **J50631** (7)

1. Corporation Name
INTERSTATE MEDICAL EQUIPMENT, INC.



Principal Place of Business ALMA HERNANDEZ 3233 PALM AVENUE HIALEAH FL 33012		Mailing Address 5995 PLAZA DRIVE MS 1460 CYPRESS CA 90630		3. Date Incorporated or Qualified 01/07/1987	3a. Date of Last Report 08/30/1995
21. Principal Place of Business	22. Suite, Apt. #, etc.	23. City & State	24. Zip	25. Country	26. Mailing Address
27. Suite, Apt. #, etc.	28. City & State	29. Zip	30. Country	4. FEI Number 59-2782155	Applied For Not Applicable
9. Name and Address of Current Registered Agent SPIVACK, DAVID 1 ALHAMBRA PLAZA 10TH FLOOR CORAL GABLES FL 33134			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 _____ (NOTE: Registered Agent's signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWELL, WAYNE	1.2 NAME	Lowell, Wayne
STREET ADDRESS	5995 PLAZA DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CYPRESS CA 90630	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S KONOWIECKI KONOWIECKI, JOSEPH	2.2 NAME	500001810345
STREET ADDRESS	5995 PLAZA DRIVE	2.3 STREET ADDRESS	-05/07/96--01018--006
CITY-ST-ZIP	CYPRESS CA 90630	2.4 CITY-ST-ZIP	***200.00
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V SPIVACK, DAVID	3.2 NAME	Spivack, David
STREET ADDRESS	3233 PALM AVENUE	3.3 STREET ADDRESS	1 Alhambra Plaza, Ste. 1000
CITY-ST-ZIP	HIALEAH FL 33012	3.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T GARROTE, IVONNE	4.2 NAME	Garrote, Ivonne
STREET ADDRESS	3233 PALM AVENUE	4.3 STREET ADDRESS	1 Alhambra Plaza, Ste. 1000
CITY-ST-ZIP	HIALEAH FL 33012	4.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	D/C
STREET ADDRESS		5.3 STREET ADDRESS	Folick, Jeff
CITY-ST-ZIP		5.4 CITY-ST-ZIP	5995 Plaza Drive Cypress, CA 90630
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	S-12
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 changed, or on an attachment with an address.

SIGNATURE: **Joseph Konowiecki** Secretary **4/24/96** (714) 229-2763
DATE: _____ DATE/TIME: _____

CR2E034 (12/95)