

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J66498** (3)

1. Corporation Name
YOUR SICKROOM SUPPLIES, INC.



Principal Place of Business Mailing Address
8091 W. SAMPLE ROAD CORAL SPRINGS FL 33065 US

3. Date Incorporated or Qualified **04/06/1987** 3a. Date of Last Report **06/12/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FBI Number	Applied For
	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		59-2249536	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	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**

~~GOLDEN, RICHARD A
12000 BISCAYNE BLVD
SUITE 203
CORAL SPRINGS FL 33065~~

81 Name **Stanley Dyen**
82 Street Address (P.O. Box Number is Not Acceptable) **8091 W. Sample Rd**
83 **Coral Springs FL**
84 City **FL** 85 Zip Code **33065**

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: *Stanley Dyen* **Stanley Dyen** 2-15-96
DATE: 2-15-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	DYEN, STANLEY	1.2 NAME	DYEN, STANLEY
STREET ADDRESS	2241 N.E. 197TH STREET	1.3 STREET ADDRESS	661 Boca Marina Ct
CITY-ST-ZIP	NORTH MIAMI BEACH FL	1.4 CITY-ST-ZIP	Boca Raton FL 33487
TITLE	STD	2.1 TITLE	STD
NAME	DYEN, IRIS	2.2 NAME	DYEN, IRIS
STREET ADDRESS	2241 N.E. 197TH STREET	2.3 STREET ADDRESS	661 Boca Marina Ct
CITY-ST-ZIP	NORTH MIAMI BEACH FL	2.4 CITY-ST-ZIP	Boca Raton FL 33487
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
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: *Stanley Dyen* **Stanley Dyen** 2-15-96 305 753-2090
DATE: 2-15-96 DAYTIME PHONE: 305 753-2090

CR2E034 (12/95)