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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 28 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # K31618

appears in Block 12 or Block 13 if char

SIGNATURE:

(7)

ADVANCED MEDICAL EQUIPMENT AND SUPPLIES, INC.

Suite, Apt. #, etc.  22 City & State City & State City & State Country Country Country Suite, Apt. #, etc.  5. Certificate of Status Desired Fee Required  6. Election Campaign Financing Trust Fund Contribution Added to Fees  8. This corporation has liability for intargoible tax under s. 199.032,	105 E. MARION AVE					
PUNTA GORDA FL 33950 PUNTA GORDA FL 33950-3826  3. Date Incorporated or Qualified 08/23/1988 Q4/24/1998 Q4/24/1998 Q5 Q		Mailing Address		1 familo 194 man litar itala menal ande 4051 al	DIN OLDAN BLOSS DIDIN DIOM SUBAN HEDD	
2. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2c. Principal Place of Business 2c. Mailing Address 2c. Suite, Apt. #, etc. 2d. Suite, Apt. #, etc. #,	PUNTA GORDA FL 33950		26			
21						
Suite, Apt #, etc.    Suite, Apt #, etc.   Suite, Apt #, etc.   South   Status   South   Status   Stat		2a. Mailing Address			—— <del>———————————————————————————————————</del>	
Status   S				65-0059875	Not Applicable	
Trust Fund Contribution Added to Fees  Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032.  24 25 29 30 Florida Statutes Pees No  9. Name and Address of Current Registered Agent  LOWE, MICHAEL 2476 MALAYA CT S. PUNTA GORDA FL 33983  81 Name  32 Street Address (P.O. Box Number is Not Acceptable)  43 Street Address (P.O. Box Number is Not Acceptable)  44 City T T CAS 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Statutes typed or preference agent and thic if applicable. (NOTE Profishered Agent signated Foquired when renateting)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition		27		5. Certificate of Status Desired		
PUNTA GORDA FL 33983  10. Name and Address of New Registered Agent  LOWE, MICHAEL 2476 MALAYA CT S. PUNTA GORDA FL 33983  81 Name  Street Address (P.O. Box Number is Not Acceptable)  82 Street Address (P.O. Box Number is Not Acceptable)  83 City  7 7 7 7 6 5 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition		28			_ ' ' '	
9, Name and Address of Current Registered Agent  LOWE, MICHAEL 2476 MALAYA CT S. PUNTA GORDA FL 33983  81 Name  Street Address (P.O. Box Number is Not Acceptable)  82 Street Address (P.O. Box Number is Not Acceptable)  83 PLOY FL STIP CODE  84 City FT FL STIP 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  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition	k	Zip	Country			
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CITY-ST-ZIP  64 CITY-ST-ZIP  14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the	NAME STREET ADDRESS CITY: ST-2#P TITE NAME STREET ADDRESS CITY: ST-2#P TOTILE NAME	DELETE	4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY-ST-ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP 6 1 TITLE 6 2 NAME	14 1 OLSE THE KOR	Change Addition  Change Addition	

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

or on an attachment with an address.