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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # K77914

(5)

Principal Place of 8323 NW 12 ST 109	SPITAL SUPPLY, ING.	Mading Address 8323 NW 12 ST 109 MIAMF FL 33126-1839						
MIAMI FL 33126		MIAM! FL 30120-1039			3. Date Incorporated or Qualified	1	of Last Re	eport
A 0					04/05/1989	02/07	/1996	
2. Principal Placi	e or Bus ness	2a. Mailing Address			4. FEI Number 65-0128657		<u> </u>	plied For ! Applicable
Suite, Apt #, (	ex	Suite, Apt. #, etc.	······································			<u> </u>	\$8.75	
2		27			6. Certificate of Status Desired		Fee Re	quired
Orty & State		City & State			6. Election Campaign Financing	_	\$5.00	
<b>3</b> Zip	Country	28 Zip	Cour	ntry	Trust Fund Contribution		Added t	
4]	25	29	30	y	This corporation has liability for Florida Statutes	r intangible ti		199.032,
	9. Name and Address of Curre				10. Name and Address of New R	egistered A	ent	
DAVIS,	C. DAVID			81 Name				
8323 N	IW 12 ST		ř	82 Street Add	ress (P.O. Box Number is Not Accepta	able)		
\$109			Į					
MAM	FL 33126		Í	83				
			ĺ	84 City		FL	85 Zip (	Code
11. Pursuant to t	the provisions of Sections 607 05	02 and 607.1508. Florida Statu	ites, the ab	ove-named con	poration submits this statement for the tion's board of directors. I hereby acception		hanging it	s registered
agent Tam f	lamiliar with land accept the oblig	yations of, Section 607.0505, F	ionua siau	ites				
SIGNATURE	i store. Type i cripocost car e chequiored as	gent and title capsicable (NO		Agent signature requi		DATE ICERS AND L	DIRECTOR	
SIGNATURE Signat	obac Pgaetti paccitsge e dhericheda; OFFICERS AN	jent and title dappiidable (NO	TE: Registered	Agent signature requi	ired when reinstaling)	DATE ICERS AND L		S IN 12
SIGNATURE SQ 12. TITLE D	OFFICERS AND PARNESS, MARC	gent and title capsicable (NO	13. 1.1 TIT	Agent signature requi	ired when reinstaling)	DATE ICERS AND L	DIRECTOR	
SIGNATURE  12.  ITHE DAME  STREET ACCRESS  5	OFFICERS AND PARNESS, MARC 1805 SW 17TH STREET	gent and title capsicable (NO	13. 1.1 TIT 1.2 NA 1.3 STI	Agent signature requi	ired when reinstaling)	DATE ICERS AND L	DIRECTOR	
SIGNATURE  12.  ITTLE  NAME  STREET AUDRESS  STRY ST. ZIP	OFFICERS AN OFFICERS AN PARNESS, MARC 1805 SW 17TH STREET MIAMI FL	gent and title capsicable (NO	13. 1.1 TIT 1.2 NA 1.3 STI	Agent signature requirements LE ME REET ADDRESS Y-ST-ZIP	ired when reinstaling)	DATE ICERS AND I	DIRECTOR	Addition
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SIGNATURE  12.  ITTLE  NAME  STREET AUDRESS  CITY-ST-ZIP  TITLE  NAME  COMMANDE  COMMAND  COMM	OFFICERS AND PRINCIPLE OFFICERS AND PARNESS, MARC 1805 SW 17TH STREET MIAMI FL	pent and title - applicable (NC ND DIRECTORS DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA	Agent signature requirements  ME  HEET ADDRESS  Y-ST-ZIP  LE	ired when reinstaling)	DATE ICERS AND I	DIRECTOR _] Change	Addition
SIGNATURE SYSTEM  12.  TILE NAME  STREET ADDRESS  TITLE CONTROLL  STREET ADDRESS  TOLLY-ST-ZIP  ACTIV-ST-ZIP  ACTIV-ST-ZIP	OFFICERS AND OFFIC	pent and title - applicable (NC) ND DIRECTORS  DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CI	Agent signature requirements  ME  ME  ME  ME  ME  ME  ME  ME  ME  M	ired when reinstaling)	DATE ICERS AND I	DIRECTOR Change	Addition
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SIGNATURE:

IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Jan 28 1997 8:00am

Secretary of State

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