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

10/13/1999 05/01/1995 05/	1. Corporation	MENT # L23098 RO-MEDICAL ACCESSORIE	(' /						III 314 14 31 1441 38 11	I (figh hir) figh	1:6:: 1:6:: 6:0:	I 81811 61834 1 861
TOTAL ALL MARY MAY TABLE 1 STATE OF THE PROPERTY STATE OF THE PROP	Principal Place	of Business	Mailing Address									
US Principul Parce of Business 2a. Melling Address 2b. Melling Address 3c. Certificate of Status Desired 3c. Certificate 3c. Certificate of Status Desired 3c. Certificate 3c. Certifi	7821 N. DALE STE 200	MABRY HWY	7821 N. DALE MABRY STE 200									
Processive Process 2a. Maling Address 5.592872855 Total Agricult For September 25 Sales, April 8, etc. 5.592872855 Total Agricult For September 27 5.502812855 Total Agricult For September 27 5.502812855 Total Agricult For September 28 70 5.502812855 Total Agricult For September 29 70 5.502812855 Total Agricult For September 29 70 70 70 70 70 70 70 7	US								•	ified 3a. [
Solida April F. etc. Solida April F. etc.	2. Principal Pla	ace of Business	2a. Mailing Address							i	פו נו טנסט	
Cory & State STAFFORD, S. L.	1		26	<u> </u>				The state of the s				
Coty & State Coty & State Coty	_ ` ` `	#, etc.	——————————————————————————————————————					5. Certificat	e of Status Desire	ed []	•	
20 Country Zp Zp Zp Zp Zp Zp Zp Z	City & State						\rightarrow	6 Flortion	Campaign Einang			<u> </u>
Points Strake No.	3		⊢ '									
9. Name and Address of Current Registered Agent 81 Name STAFFORD, S. L. 14812 MORTH FLORIDA AVENUE #C.S TAMPA FL 33613 14 Coty FL 83 A Coty FL 85 Zo Code 15 Coty FL 85 Zo Code 16 Coty FL 85 Zo Code 17 Coty FL 85 Zo Code 18 Coty F		 	Zip	Cou	ntry	• • •		8. This corp			le tax under :	
STAFFORD, S. L. 14812 NORTH FLORIDA AVENUE #GS TAMPA FL 33813 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Fiorda Statutes, the above named corporation submits this statement for the provisions of certain or provisions of section 607,0502 and 607,1508, Fiorda Statutes, the above named corporation submits this statement for the provision and provisions of section 607,0502 and 607,1508, Fiorda Statutes, the above named corporation submits this statement for the provision and section for J.6008, Fiorda Statutes, the above named corporation submits this statement for the provision and section for J.6008, Fiorda Statutes, the above named corporation submits this statement for the provision of the section for J.6008, Fiorda Statutes, the above named corporation submits this statement for the provision of section 607,0502 fronts of statement of the section of directions. I hereby accept the appointment of section 607,0503, Fiorda Statutes, the above named corporation submits this statement for the provision of section 607,0503, Fiorda Statutes, the above named corporation submits this statement for the provision of section for J.6008, Fiorda Statutes, the above named corporation of directions. I hereby accept the appointment of section for J.6008, Fiorda Statutes, and J.6008, J.6008, Fiorda Statutes, and J.6008, J.6008, Fiorda Statutes, and J.6008, J.6008, Fiorda Statutes, J.6008, J	4			30					····			
STAFFORD, S. L. 14812 NORTH FLORIDA AVENUE #C-5 TAMPA FL 33613 #8 Oily FL 85 Zip Code #8 Oily FL 86 Zip Code #8 Oily #8 Displayer speak or present or sequence appearant or the apportment as registered of the code appearant or the apportment as registered of decoders. Thready accept the apportment as registered of appearant or the apportment as registered of the apportment as registered of appearant or the apportment as registered of the appor		9, Name and Address of Correll	it Registered Agent		81	Name		10. Name a	nd Address of N	iew Register	ad Agent	
14. FURSIANT FLORIDA AVENUE #C-5 TAMPA FL 33613 15. 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, and accept the originations of, Section 607,0505. Florida Statutes. Internation with an advantage of the state of Florida Statutes authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and a state of the provision of Section 1 and accept the origination of Section 607,0505. Florida Statutes. International State of Section 1 and Section 1 and Section 1 and State of Section 1 and Section	STAFFOR	an s i						/DO D				
### City FL 85 20 Code							Address	ass (P.O. Box Number is Not Acceptable)				
II. Furnish to the provisions of Sections 607 0500 and 607 1500, florida Statutes. The above-hands submitted by the corporation's admitted by the corporation's board of directors. Thereby accept the appointment as registered officing or registered agent, or both in this State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered officing or registered agent, or both in this State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered officing or registered agent. I am familier with, and accept the obligations of, Section 607 0505, Florida Statutes. INTERESTITUTE SOLUTION OF THE STATE S	#C-5											
1. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above named corporation submits this statement for the purpose of change for 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, and accept the objection of Scotton 607,0505, Products Statutes. Scotton Statutes S	tampa f	L 33613			84	City					85 7	io Code
Synature typical present animal or implanted again and the if ally states PACTE Page-and after receiving a derive mentating PACTE	or registere	ed agent, or both, in the State of Florid	da. Such change was authoriz	ed by the c	ve-n	amed co oration's	orporatio board o	n submits thi f directors. I	s statement for the	ne nurnose of	changing its	registered office d agent. I am
OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 MAKE STAFFORD, STEWARD L. 12 NAME 13 STREET ADDRESS 14 CITY-ST-2P TAMPA FL 14 CITY-ST-2P ME MAP MAP 15 STREET ADDRESS 16 CITY-ST-2P ME MAP MAP MAP MAP MAP MAP MAP	SIGNATURE _	Charat as proof or winted name of entitle agent	and Die Haus Englis	OTE Prostored	A							
THE BO DELETE 1.1 TITLE 1.2 NAME 12 NAME 13 STREET ADDRESS 14 ADDRESS 14 ADDRESS 14 NAME 12 NAME 12 NAME 13 STREET ADDRESS 14 NAME 14 STREET ADDRESS 14 NAME 12 NAME 14 STREET ADDRESS 14 NAME 15 STREET ADDRESS 14 NAME 15 STREET ADDRESS 15 STREET A					Agen	. signarure i	required wite		NS/CHANGES TO			ORS IN 12
13 STREET ADDRESS 13 STREET ADDRESS 14 CITY-ST-2P TAMPA FL 15 CITY-ST-2P	TITLE	-										
TAMPA FL VOP DELETE 2 1 THE EDGERTON, ROY 120 IMAGDELENE MANOR DR. 130	NAME	·		1.2 N	ME			_		_		
INTERE ADDRESS INTERES ADDRESS	STREET ADDRESS						1481	12 N (Florida f		: C-Z	
EDGERTON, ROY 1201 MAGDELENE MANOR DR. TAMPA FL DELETE DELETE 23 STREET ADDRESS			רו חבו בדנ			- ZIP	TAA	APA	PL	33613	Chang.	- Addition
1201 MAGDELENE MANOR DR. 23 STREET ADDRESS 24 CITY-ST-ZIP											спапу:	TT MODITION
DELETE 3 1 TITLE 3 NAME 32 NAME SIREEL ADDRESS 34 CITY-ST-ZIP ITLE 32 NAME 34 CITY-ST-ZIP ITLE 34 CITY-ST-ZIP ITLE 34 CITY-ST-ZIP ITLE 34 CITY-ST-ZIP ITLE 35 SIREEL ADDRESS 34 CITY-ST-ZIP ITLE 35 SIREEL ADDRESS 35 SIREEL ADDRESS 36 SIREEL	STREET ADDRESS	•	R.			ADDRESS						
AME ATREET ADDRESS AS STREET ADDRESS AS CHY-ST-ZIP ADDRESS AS CHY-ST-ZIP ADDRESS AS CHY-ST-ZIP ADDRESS AS TREET ADDRESS AS TR	CITY-ST-ZIP											
SIGNATURE: 33 STREET ADDRESS 34 City-St-Zip 34 City-St-Zip 34 City-St-Zip 34 City-St-Zip 34 City-St-Zip 42 NAME 42 NAME 43 STREET ADDRESS 44 City-St-Zip 44 City-St-Zip 44 City-St-Zip 45 City-St-Zip 46 City-St-Zip 47 City-St-Zip 48 City-St-Zip 48 City-St-Zip 48 City-St-Zip 49 City-St-Zip 40 City-St-Zip 40 City-St-Zip 40 City-St-Zip 41 City-St-Zip 41 City-St-Zip 42 City-St-Zip 43 STREET ADDRESS 44 City-St-Zip 45 City-St-Zip 46 City-St-Zip 47 City-St-Zip 48 City-St-Zip 49 City-St-Zip 49 City-St-Zip 40 City-St-Zip 41 City-St-Zip 41 City-St-Zip 41 City-St-Zip 42 City-St-Zip 43 City-St-Zip 44 City-St-Zip 44 City-St-Zip 45 City-St-Zip 45 City-St-Zip 46 City-St-Zip 47 City-St-Zip 47 City-St-Zip 48 City-St-Zip 48 City-St-Zip 49 City-St-Zip 40 City-St-Zip 41 City-St-Zip 41 City-St-Zip 42 City-St-Zip 43 City-St-Zip 44 City-St-Zip 44 City-St-Zip 44 City-St-Zip 44 City-St-Zip 45 City-St-Zip 46 City-St-Zip 47 City-St-Zip 47 City-St-Zip 48 City-St-Zip 48 City-St-Zip 49 City-St-Zip 49 City-St-Zip 40 City-St-Zip	IILE		☐ DELETE	3 1 T	TLE						Change:	☐ Addition
SIGNATURE: 34 CITY-ST-ZIP	IAME			32 N/	ME							
ITLE DELETE 4 1 TITLE DELETE DELETE 4 1 TITLE DELETE 5 1 TITLE 5 1 TIT	1											
A 2 NAME SPECT ADDRESS SITY - ST - ZIP STREET ADDRESS STRE			□ DELETE			-ZIP	 				Channe	Addition
A 3 STREET ADDRESS ATTY-ST-ZIP THE DELETE 5 1 TITLE SAME 52 NAME 53 STREET ADDRESS DTY-ST-ZIP THE DELETE 6 1 TITLE Change: Addition Addition Addition Addition For NAME Addition A	IAME											- Madiciali
DELETE 5.1 Title Change: Addition 52 NAME 53 STREET ADDRESS DELETE 5.1 TITLE 54 CITY-ST-ZIP DELETE 6.1 TITLE 6 TITLE Change: Addition Addition Change: Addition 62 NAME 63 STREET ADDRESS 63 STREET ADDRESS 64 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 1.19.07(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 carth; 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:	SIREET ADORESS					ADDRESS						
STREET ADDRESS STREET	CITY - \$1 - ZIP			4.4 00	TY-SI	- ZIP				B		
STREET ADDRESS DITY-ST-ZIP DELETE 6 1 TiTLE 6 1 TiTLE Change: Addition 62 NAME 63 STREET ADDRESS 64 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 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:			☐ DELETE								☐ Change	☐ Addition
DELETE 54 CITY-ST-ZIP SACITY-ST-ZIP SACIT												
INTLE DELETE 6 1 TiTLE Change Addition												
AME TREET ADDRESS 11Y - ST - ZIP 4. 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 cath; 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 oddress. SIGNATURE:			□ DELETE			-ZP	 				Chano:	☐ Addition
6.3 STREET ADDRESS 6.3 STREET ADDRESS 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 cath; 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 orders. SIGNATURE:											F-1 5.10.19.	L.J . Maniford
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 cath; 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 applicates. SIGNATURE:	STREET ADDRESS					ADDRESS						
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 call; 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:	CHTY - ST - ZIP						<u> </u>					
	certify that bath; that I	the information indicated on this annu I am an officer or director of the corpo	ial report or supplemental ann ration or the receiver or truste	iual report i: e empower	s Iru	e and ac	ccurate a	ind that my s	ionature shall hav	e the same le	oal effect as:	If made under
DAYHOR FIRMS	SIGNAT	URE:	PRINTED NAME OF SIGNING OFFICE	ER OR DIRECT	'OP			4	125/4	4	Daytime Physics	A #