

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L96574 (3)**

1. Corporation Name
SIESTA KEY MEDICAL SUPPLIES, INC.



Principal Place of Business
**1433 FLOWER DR
SARASOTA FL 34239
US**

Mailing Address
**1433 FLOWER DR
SARASOTA FL 34239
US**

2. Principal Place of Business
21 **712 N. CASEY KEY**
Suite, Apt. #, etc.
22
City & State
23 **OSPREY - FL**
Zip
24 **34229** Country
25 **USA**

2a. Mailing Address
26 **712 N. CASEY KEY**
Suite, Apt. #, etc.
27
City & State
28 **OSPREY - FL**
Zip
29 **34229** Country
30 **USA**

3. Date incorporated or Qualified **08/21/1990** 3a. Date of Last Report **03/23/1995**

4. FEI Number **65-0214585** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. Yes No

9. Name and Address of Current Registered Agent
**MORRIS, J Z
1433 FLOWER DR
SARASOTA FL 34239**

10. Name and Address of New Registered Agent
81 Name **J. Z. MORRIS**
82 Street Address (P.O. Box Number is Not Acceptable) **712 N. CASEY KEY**
83
84 City **OSPREY** FL 85 Zip Code **34229**

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	MORRIS, J. Z.	
STREET ADDRESS	936 CITRUS AVENUE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MORRIS, J Z	
STREET ADDRESS	1433 FLOWER DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME	J. Z. MORRIS	
1.3 STREET ADDRESS	712 N. CASEY KEY	
1.4 CITY-ST-ZIP	OSPREY - FL - 34229	
2. TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	J. Z. MORRIS	
2.3 STREET ADDRESS	712 N. CASEY KEY	
2.4 CITY-ST-ZIP	OSPREY - FL - 34229	
3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
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)(b), 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: *J. Z. Morris* **J. Z. MORRIS, DPT** 3/18/96 (941) 966-9241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)