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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P92000010669

MAJORS MEDICAL SUPPLY, INC.

		9 4 - 12 A - J. J				81 11811 88118 81118 1	8411 8 (81) (88)
Principal Place	e of Business	. Mailing Address			v		
201 S. BISCAY		201 S. BISCAYNE BLVD.			, ,		
2400 MIAMI CENTER 2400 MIAMI CENTER					DO NOT WRITE IN TH	IS SPACE	
		MIAMI PL 33131 US	MIAMI FL 33131		3. Date Incorporated or Qualifed		
	•	,			12/09/1992		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	App	plied For
26				65-0378593	Not	t Applicable	
		Suite, Apt. #, etc.	etc.		5. Certifcate of Status Desired	\$8.75 A	
22	4.	27			5. Certificate of Status Desired	Fee Red	quired
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Count	ry	8. This corporation owes the current year	ntangible	
24	25	29	30		Personal Property Tax.		□No
	9. Name and Address of Curi				10. Name and Address of New Registere	d Agent	
	5	A STATE OF THE STA	8	1 Name			
CAR	RROLL, LINDA L		L				
201 S. BISCAYNE BLVD.			8	2 Street Addi	ress (P.O. Box Number is Not Acceptable)		
	MIAMI CENTER		8	3	The second secon	1.134 . 144.4 94.5	137 I GE
	MI FL 33131		`	•	- 影響電影的問題影響音的影響		超色色語]
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11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statul	es, the about	ve-named corp	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its o	registered distered
agent. I a	im familiar with, and accept the obli	igations of Section 607.0505, Flo	rida Statute	es.	on a bound of directors. Thereby decopy was app		,
		**				4.	
CICMATUDE							
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE	: Registered A	jent signature require	d when reinstating)		
SIGNATURE	Signature, typed or printed name of registered :	AND DIRECTORS	: Registered Ac	ent signature require	d when reinstating) 4 Property DATE ADDITIONS/CHANGES TO OFFICERS /		
	Signature, typed or printed name of registered :	<u> </u>			The state of the s	AND DIRECTOR Change	RS IN 12
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14. I 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 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, of on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED

Jan 26, 1999 8:00am

Secretary of State

01-26-1999 90027 032 ***150.00