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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000017333

1. Corporation Name
AFFORDABLE MEDICAL EQUIPMENT AND SUPPLY INC.



Principal Place of Business: 8809-B GUNN HIGHWAY, ODESSA FL 33556, US
Mailing Address: 8809-B GUNN HIGHWAY, ODESSA FL 33556, US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/08/1993
4. FEI Number: 65-0402517
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 owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) details including Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: KNOTT JENNY L., 8809 B. GUNN HWY., ODESSA FL 33556

10. Name and Address of New Registered Agent (81-85) details including Name, Street Address, City, and 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 office or registered agent, or both, in the State of Florida.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Table with 2 columns: OFFICERS AND DIRECTORS (12) and ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (13). Rows include titles, names, and addresses for Jenny L. Knott and George K. I. Garvin.

Table with 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (13) and ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (13). Rows include checkboxes for Change and Addition for various officer/director entries.

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.

SIGNATURE: _____ DATE: 4/8/99 DAYTIME PHONE #: 813-926-0208

CR2E034 (1/1/98)