

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Montagna
Secretary of State
CORPORATE DIVISION

APPROVED
AND
FILED

45 MAY -1 AM 9:57

DOCUMENT # P93000019766 (3)

1. Corporation Name

APEX MEDICAL SUPPLIES INC.

CLERK OF THE FILE
TALLAHASSEE, FLORIDA

Principal Place of Business

7105 SW 8 ST., #305
MIAMI FL 33144

Mailing Address

7105 SW 8 ST., #305
MIAMI FL 33144

(PRINT OR WRITE IN THIS SPACE)

3. Date incorporated or qualified	3a. Date of last report
03/16/1993	10/17/1994
4. FEI Number	Applied For
65-0394193	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
☐	
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	
☐	
7. Does corporation have liability for intangible tax under Fla. Stat. 218.01?	
Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite Apt # etc	26. Suite Apt # etc
22. City & State	27. City & State
23. City & State	28. City & State
24. City & State	29. City & State
25. City & State	30. City & State

9. Name and Address of Current Registered Agent

PARKER, CARMEN
7105 SW 8 ST., #305
MIAMI FL 33144

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL

11. Pursuant to the provisions of Sections 218.01 and 218.02, Florida Statutes, the above named corporation certifies the statement for the purpose of changing its registered office or registered agent or both in the State of Florida has been authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am a resident of the State of Florida and am qualified to accept the appointment as registered agent under Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(Signature of New Registered Agent)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
12.1 NAME CORP. ADDRESS CITY & STATE	PSTD PARKER, CARMEN 7105 SW 8 ST., #305 MIAMI FL 33144	13.1 NAME CORP. ADDRESS CITY & STATE	☐ Change ☐ Addition
12.2 NAME CORP. ADDRESS CITY & STATE		13.2 NAME CORP. ADDRESS CITY & STATE	☐ Change ☐ Addition
12.3 NAME CORP. ADDRESS CITY & STATE		13.3 NAME CORP. ADDRESS CITY & STATE	☐ Change ☐ Addition
12.4 NAME CORP. ADDRESS CITY & STATE		13.4 NAME CORP. ADDRESS CITY & STATE	☐ Change ☐ Addition
12.5 NAME CORP. ADDRESS CITY & STATE		13.5 NAME CORP. ADDRESS CITY & STATE	☐ Change ☐ Addition
12.6 NAME CORP. ADDRESS CITY & STATE		13.6 NAME CORP. ADDRESS CITY & STATE	☐ Change ☐ Addition
12.7 NAME CORP. ADDRESS CITY & STATE		13.7 NAME CORP. ADDRESS CITY & STATE	☐ Change ☐ Addition
12.8 NAME CORP. ADDRESS CITY & STATE		13.8 NAME CORP. ADDRESS CITY & STATE	☐ Change ☐ Addition
12.9 NAME CORP. ADDRESS CITY & STATE		13.9 NAME CORP. ADDRESS CITY & STATE	☐ Change ☐ Addition
12.10 NAME CORP. ADDRESS CITY & STATE		13.10 NAME CORP. ADDRESS CITY & STATE	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and that the corporation is qualified to do business in the State of Florida. I further certify that the information supplied on this annual report or supplementary 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 that I am a resident of the State of Florida and am qualified to accept the appointment as registered agent as required by Chapter 218, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Carmen Parker
CARMEN PARKER, President

4/27/95

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**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Barbara B. Whitcomb
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000020268 (7)

1. Corporation Name

SMITH MOTORS FINANCE COMPANY

2. Principal Place of Business

**4606 W COLONIAL DR
ORLANDO FL 32808-8118**

3. Mailing Address

**4606 W COLONIAL DR
ORLANDO FL 32808-8118**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/12/1993

3a. Date of Last Report

01/20/1994

4. FEI Number

59-3168554

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**

7. This corporation has liability for delinquent fees under Chapter 607, Florida Statutes

☐ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**SMITH, JAMES S
4606 W COLONIAL DR
ORLANDO FL 32808-8118**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.01(3), 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. I am familiar with, and accept the obligations of, Section 607.0508, Florida Statutes.

SIGNATURE

(Signature of Current Registered Agent or Director)

(Signature of New Registered Agent or Director)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1	NAME	P SMITH, JAMES S
12.2	STREET ADDRESS	4606 W COLONIAL DR
12.3	CITY, STATE, ZIP	ORLANDO FL 32808-8118
12.4	NAME	
12.5	STREET ADDRESS	
12.6	CITY, STATE, ZIP	
12.7	NAME	
12.8	STREET ADDRESS	
12.9	CITY, STATE, ZIP	
12.10	NAME	
12.11	STREET ADDRESS	
12.12	CITY, STATE, ZIP	
12.13	NAME	
12.14	STREET ADDRESS	
12.15	CITY, STATE, ZIP	

13.1	NAME	☐ Change ☐ Addition
13.2	NAME	
13.3	STREET ADDRESS	
13.4	CITY, STATE, ZIP	
13.5	NAME	
13.6	STREET ADDRESS	
13.7	CITY, STATE, ZIP	
13.8	NAME	
13.9	STREET ADDRESS	
13.10	CITY, STATE, ZIP	
13.11	NAME	
13.12	STREET ADDRESS	
13.13	CITY, STATE, ZIP	
13.14	NAME	
13.15	STREET ADDRESS	
13.16	CITY, STATE, ZIP	
13.17	NAME	
13.18	STREET ADDRESS	
13.19	CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.01(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:

(Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/95

Signature of New Agent