FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000019766 (3)

1. Corporation Name

APEX MEDICAL SUPPLIES INC.

Principal Place of Business
7105 SW 8 ST., #305
MIAMI FL 33144

Mailing Address
7105 SW 8 ST., #305
MIAMI FL 33144

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/16/1993

3a. Date of Last Report: 10/17/1994

4. FEI Number: 65-0394193 — Applied For / Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

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

10. Name and Address of New Registered Agent

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 607.0502 and 617.0502, 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	PSTD
NAME	PARKER, CARMEN
STREET ADDRESS	7105 SW 8 ST., #305
CITY-ST-ZIP	MIAMI FL 33144
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (1-6): TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Change ☐ Addition (blank)

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 the 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: Carmen M. Parker   4/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CARMEN PARKER, PRESIDENT

0186044 CP

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CORPORATION ANNUAL REPORT

1995

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

APPROVED
FILED

DOCUMENT # P93000020268 (7)

1. Corporate Name

SMITH MOTORS FINANCE COMPANY

Principal Place of Business

4606 W COLONIAL DR
ORLANDO FL 32808-8118

Mailing Address

4606 W COLONIAL DR
ORLANDO FL 32808-8118

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
03/12/1993	01/20/1994

4. FEI Number	Applied For / Not Applicable
59-3168554	

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 was originally incorporated under Section 607.1005, Florida Statutes ☐ Yes ☐ No

21	Principal Place of Business	26	Mailing Address
22	State, Apt. # or Rm. #	27	State, Apt. # or Rm. #
23	City & State	28	City & State
24	Zip	25	Country
29	Zip	30	Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SMITH, JAMES S 4606 W COLONIAL DR ORLANDO FL 32808-8118	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City FL 05 Zip Code

11. Pursuant to the provisions of Section 607.1005, and/or 607.1008, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (if)
Title	P	☐ Change ☐ Addition
Name	SMITH, JAMES S	
Street Address	4606 W COLONIAL DR	
City-St-Zip	ORLANDO FL 32808-8118	
Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		

14. I (We) hereby certify that the information supplied with this filing is true and accurate and 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, or on an attachment with an address.

SIGNATURE: [signature] 4/7/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0068333 CP