

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000041992 (7)

1. Corporation Name

EASYFLOW AIRWAY SYSTEMS, INC.

Principal Place of Business

612 FLORIDA AVENUE
SUITE D
PALM HARBOR FL 34683
US

Mailing Address

P.O. BOX 2010
PALM HARBOR FL 34682-2010
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

CORNISH, BRIAN K
612 FLORIDA AVENUE
PALM HARBOR FL 34683

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 607.0602 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE

Signature Type (Impression or other means, typed name, facsimile)

Signature Type (Impression or other means, typed name, facsimile)

Date

12. OFFICERS AND DIRECTORS

TITLE	PD	[] DELETE
NAME	CORNISH, BRIAN K	
STREET ADDRESS	612 FLORIDA AVENUE	
CITY - ST - ZIP	PALM HARBOR FL	
TITLE	VD	[] DELETE
NAME	PELL, DONALD M.D.	
STREET ADDRESS	612 FLORIDA AVENUE	
CITY - ST - ZIP	PALM HARBOR FL	
TITLE	VD	[] DELETE
NAME	PELL, PAULA M.D.	
STREET ADDRESS	612 FLORIDA AVENUE	
CITY - ST - ZIP	PALM HARBOR FL	
TITLE	STD	[] DELETE
NAME	HOWARD, SUSAN B	
STREET ADDRESS	612 FLORIDA AVENUE	
CITY - ST - ZIP	PALM HARBOR FL	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	[] Change [] Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	[] Change [] Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	[] Change [] Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	[] Change [] Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	
17. TITLE	[] Change [] Addition
18. NAME	
19. STREET ADDRESS	
20. 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:

Brian K. Cornish

Brian K. Cornish, President

4/3/96

873/784-2353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)