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FILED

May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000056332 (8)

1. Corporation Name
TOWER MEDICAL EQUIPMENT, INC.

Principal Place of Business

Mailing Address

282 SHORT AVE.
#108
LONGWOOD FL 32750

282 SHORT AVE.
#108
LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/11/1993

4. FEI Number

59-3195708

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DE ARMAS, PEDRO
282 SHORT AVE SUITE 108
LONGWOOD FL 32750

81 Name

DE ARMAS Pedro

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

503 SAN MARIE AVE

83

84 City

ALTAMONTE SPRINGS FL

85 Zip Code

32714

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. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME DE ARMAS, PEDRO
STREET ADDRESS 282 SHORE AVE. #108
CITY-ST-ZIP LONGWOOD FL 32750

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME DE ARMAS Pedro
1.3 STREET ADDRESS 503 SAN MARIE AVE
1.4 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE ☐ DELETE
NAME DE ARMAS, DINORAH
STREET ADDRESS 282 SHORT AVE. #108
CITY-ST-ZIP LONGWOOD FL 32750

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME DE ARMAS DINORAH
2.3 STREET ADDRESS 503 SAN MARIE AVE
2.4 CITY-ST-ZIP ALTAMONTE FL 32714

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, or on an attachment with an address.

CR2E034 (10/97)