

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 25 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000066249 (2)**

1. Corporation Name

AMERICA'S MEDICAL STORE INC.

Principal Place of Business

**800 E CYPRESS CREEK RD
SUITE 201
FT LAUDERDALE FL 33304**

Mailing Address

**800 E CYPRESS CREEK RD
SUITE 201
FT LAUDERDALE FL 33304**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1993

3a. Date of Last Report

04/15/1994

4. FEI Number

65-0437496

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**

6. This corporation has liability for intangible tax under S. 199-032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

29

30

9. Name and Address of Current Registered Agent

**CORPORATE CREATIONS ENTERPRISES INC
4521 PGA BLVD
PALM BEACH GARDENS FL 33418**

10. Name and Address of New Registered Agent

81. Name

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

83. City

84. State

FL

85. 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. 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 of Registered Agent or Registered Agent and Secretary of State

Signature of Registered Agent or Registered Agent and Secretary of State

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OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS

12.1 NAME

12.2 STREET ADDRESS

12.3 CITY, ST, ZIP

12.4 TITLE

12.5 NAME

12.6 STREET ADDRESS

12.7 CITY, ST, ZIP

12.8 TITLE

12.9 NAME

12.10 STREET ADDRESS

12.11 CITY, ST, ZIP

12.12 TITLE

12.13 NAME

12.14 STREET ADDRESS

12.15 CITY, ST, ZIP

12.16 TITLE

12.17 NAME

12.18 STREET ADDRESS

12.19 CITY, ST, ZIP

12.20 TITLE

12.21 NAME

12.22 STREET ADDRESS

12.23 CITY, ST, ZIP

12.24 TITLE

12.25 NAME

12.26 STREET ADDRESS

12.27 CITY, ST, ZIP

12.28 TITLE

12.29 NAME

12.30 STREET ADDRESS

12.31 CITY, ST, ZIP

12.32 TITLE

12.33 NAME

12.34 STREET ADDRESS

12.35 CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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13.29 NAME

13.30 STREET ADDRESS

13.31 CITY, ST, ZIP

13.32 TITLE

13.33 NAME

13.34 STREET ADDRESS

13.35 CITY, ST, 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 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 107, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John D. Metz

JOHN D. METZ

4/19/95

2407-585-5267

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number