

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Debra B. Markham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 PM 1:51

DOCUMENT # P93000078560 (8)

1. Corporation Name

INTERNATIONAL MEDICAL SUPPLY COMPANY

DO NOT WRITE IN THIS SPACE.

Principal Place of Business

91 E. MERRITT ISLAND CSWY.
MERRITT ISLAND FL 32952

Mailing Address

800 S. BANANA RIVER DRIVE
MERRITT ISLAND FL 32952

3. Date Incorporated or Qualified **11/08/1993** 3a. Date of Last Report **11/10/1994**

2. Principal Place of Business

21 **6300 N. WICKHAM RD**

2a. Mailing Address

26 **Same**

4. FEI Number
59-3217778

Applied For
Not Applicable

Suite, Apt. #, etc.

22 **108**

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

23 **MELBOURNE, FL**

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

24 **32940**

Country

25 **USA**

Zip

29

Country

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**BONENBERGER, GREG
91 E. MERRITT ISLAND CSWY.
MERRITT ISLAND FL 32952**

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 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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DIRECTOR
NAME	HOBBS, MARK
STREET ADDRESS	800 S BANANA RIVER DRIVE
CITY - ST - ZIP	MERRITT ISLAND FL 32952
TITLE	PRESIDENT
NAME	BONENBERGER, GREG
STREET ADDRESS	91 E. MERRITT ISLAND CSWY
CITY - ST - ZIP	MERRITT ISL, FL
TITLE	DIRECTOR
NAME	HOBBS, GARY
STREET ADDRESS	5775 N. TROPICAL TR
CITY - ST - ZIP	MERRITT ISL, FL
TITLE	DIRECTOR
NAME	RAY, DAVID
STREET ADDRESS	1407 ROCKLEDGE DR
CITY - ST - ZIP	ROCKLEDGE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 its resolver or have been empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if checked, or on an attachment with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-95

DATE

REGISTERED AGENT