

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000078560 (8)**

1. Corporation Name  
**INTERNATIONAL MEDICAL SUPPLY COMPANY**



Principal Place of Business: **6300 N. WICKHAM RD 108 MELBOURNE FL 32940 US**  
Mailing Address: **6300 N. WICKHAM RD 108 MELBOURNE FL 32940 US**

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	29
25	30

3. Date Incorporated or Qualified <b>11/08/1993</b>	3a. Date of Last Report <b>01/20/1995</b>
4. FEI Number <b>59-3217778</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

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

81 Name	85 Zip Code
82 Street Address (P.O. Box Numbers Not Acceptable)	<b>FL</b>
83	
84 City	

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. Thereby 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 or director if applicable

Signature, typed or printed name of registered agent

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOBBS, MARK</b>	1.2 NAME	
STREET ADDRESS	<b>800 S BANANA RIVER DRIVE</b>	1.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>MERRITT ISLAND FL</b>	1.4 CITY-STATE-ZIP	
TITLE	<b>P</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BONENBERGER, GREG</b>	2.2 NAME	
STREET ADDRESS	<b>91 E. MERRIT ISLAND CAUSWAY</b>	2.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>MERRIT ISLAND FL</b>	2.4 CITY-STATE-ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOBBS, GARY</b>	3.2 NAME	
STREET ADDRESS	<b>5775 N. TROPICAL TR.</b>	3.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>MERRITT ISLAND FL</b>	3.4 CITY-STATE-ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAY, DAVID</b>	4.2 NAME	
STREET ADDRESS	<b>1407 ROCKLEDGE DR.</b>	4.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>ROCKLEDGE FL</b>	4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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)(k), 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: *Greg Bonenberger*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BETTER BUSINESS SERVICE, INC.  
1-800-857-8000 U.S. Dept. of Commerce

CR2E034 (12/95)