FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 11/08/1993

3a. Date of Last Report: 01/20/1995

4. FEI Number: 59-3217778 [ ] 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 has liability for intangible tax under s. 199.032, Florida Statutes [X] 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 is required before filed date) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	HOBBS, MARK	
STREET ADDRESS	800 S BANANA RIVER DRIVE	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	P	[ ] DELETE
NAME	BONENBERGER, GREG	
STREET ADDRESS	91 E. MERRIT ISLAND CAUSWAY	
CITY-ST-ZIP	MERRIT ISLAND FL	
TITLE	D	[ ] DELETE
NAME	HOBBS, GARY	
STREET ADDRESS	5775 N. TROPICAL TR.	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	D	[ ] DELETE
NAME	RAY, DAVID	
STREET ADDRESS	1407 ROCKLEDGE DR.	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	[ ] Change	[ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	[ ] Change	[ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	[ ] Change	[ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	[ ] Change	[ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	[ ] Change	[ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	[ ] Change	[ ] 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)(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 xc
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BETTER BUSINESS SERVICE, INC.
1207 SO. U.S. 1
Date Daytime Phone #

CR2E034 (12/95)