

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 08 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 # P93000078560 (8)  
1. Corporation Name  
INTERNATIONAL MEDICAL SUPPLY COMPANY



Principal Place of Business

Mailing Address

6300 N. WICKHAM RD  
108  
MELBOURNE FL 32940  
US

6300 N. WICKHAM RD  
108  
MELBOURNE FL 32940  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/08/1993

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 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 2920 Aurora Rd.

26 2920 Aurora Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Melbourne, FL.

City & State

28 Melbourne, FL.

Zip

24 32935

Country

25 Brevard

Zip

29 32935

Country

30 Brevard

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 provisions 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)

4-1-98

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/>	DELETE
NAME	HOBBS, MARK		
STREET ADDRESS	800 S BANANA RIVER DRIVE		
CITY-ST-ZIP	MERRITT ISLAND FL		
TITLE	P	<input type="checkbox"/>	DELETE
NAME	GONENBERGER, GREG		
STREET ADDRESS	91 E. MERRIT ISLAND CAUSWAY		
CITY-ST-ZIP	MERRIT ISLAND FL		
TITLE	D	<input type="checkbox"/>	DELETE
NAME	HOBBS, GARY		
STREET ADDRESS	5775 N. TROPICAL TR.		
CITY-ST-ZIP	MERRITT ISLAND FL		
TITLE	D	<input type="checkbox"/>	DELETE
NAME	RAY, DAVID		
STREET ADDRESS	1407 ROCKLEDGE DR.		
CITY-ST-ZIP	ROCKLEDGE FL		
TITLE		<input type="checkbox"/>	DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	DELETE
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 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.

SIGNATURE:

GREG BONENBERGER

GREG BONENBERGER

4/1/98

407-453-3370

CR2E034 (10/97)