

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

pg. 1

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000021527 (4)

1. Corporation Name

CARING RESPIRATORY AND MEDICAL SUPPLIES, INC.

Principal Place of Business

1325 S POWERLINE RD
SUITE 12
POMPANO BEACH FL 33069

Mailing Address

1325 S POWERLINE RD
SUITE 12
POMPANO BEACH FL 33069

FILED

97 AUG -6 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/21/1994

3a. Date of Last Report

04/16/1996

4. FEI Number

65-0475618

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

SULLIVAN, WILLIAM F
2401 E ATLANTIC BLVD
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

81 Name

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

400002263714--0

83

08/11/97-01144-016

84 City

****165.00 ****165.00

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVTS
NAME SAIFON, PLEWTONG
STREET ADDRESS 1325 S. POWERLINE ROAD, #12
CITY-ST-ZIP POMPANO BEACH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do 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 SIGNATURE REQUIRED

7-29-97 714-274-1009

CR2E034 (4/97)



RETAIL STORE pg 2
1325 South Powerline Road, #12
Pompano Beach, FL 33069
(305) 977-7970
Fax: (305) 977-3747

7-31-97

TO WHOM IT MAY CONCERN

I RECEIVED ANNUAL REPORT 1997 ON 7-28-97
THE REPORT SHOW AS 2ND NOTICE AND
PAYMENT OF \$ 550.00. I NEVER RECEIVED
THE ~~1ST~~ 1ST NOTICE THAT I WAS TOLD IT
DO IN MAY.

I CALL 904-488-9000 AND EXPLAIN THE DOLLAR
AMOUNT OF LAST ^{YEAR} IS \$ 200.00 AND THE YEAR BEFORE

I WAS TOLD TO WRITE YOU THIS LETTER
AND MAIL \$ 165 TO YOU.

PLEASE UNDERSTAND I NEVER BEEN THIS LATE
FROM THE PAST I ALWAYS PAY MY BILL
ON TIME.

THANK YOU

STEPHANIE FLEWTONG