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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400082691 (4)

TOWER MEDICAL SUPPLIES, INC.

Principal Place of Business 2317 N.W. 1018T WAY CORAL SPRINGS FL 33065		Mailing Address 2317 N.W. 101ST WAY CORAL SPRINGS FL 33065-4842			
				3. Date Incorporated or Qualified 11/10/1994	3sDate of Last Report 05/01/1996
2. Principal P	ace of Businoss	2a. Mailing Address 26		4. FEI Number 65-0534645	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Bo
: Zip	Country 25	7ip	Country 30	8. This corporation has liability for in	ntangible tax under s. 199.032, Yes No
9732 FT. I	g. Name and Address of Currer IGS INC. IN.W. 16TH STREET AUDERDALE FL 33311 To the provisions of Sections 607.055 egistered agent, or both, in the State of familiar with, and accept the oblig	02 and 607.1508, Florida Stati 5 of Florida, Such change was	83 84 City utes, the above named corp authorized by the corporal	10. Name and Address of New Regress (P.O. Box Number is Not Acceptable) poration submits this statement for the prion's board of directors. I hereby acceptance.	FL 85 Zip Code
SIGNATURE	Signature, typod or printed name of registered aga	ent and little if applicable (NC	DTE Registered Agent signature requi		DATE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND SEVEC, PAUL T 2317 N.W. 101ST WAY CORAL SPRINGS FL 33036-5	D DIRECTORS DELITE	18. 1.1 FILE 1.2 NAME 1.3 STREET ADDRESS 2.	ADDITIONS/CHANGES TO OFFICE SEVEC PINAL D SIN N. W. 10151 WAY CRUL SPRINGS, FL	and the second second residence and the second seco
TITLE NAME STREET ADORESS	00/10 20 1 1111100 1 2 00000 0	DELETE .	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ergis services/i =	Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	<u> </u>	DELETE	2.4 CITY-S1-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME		DELFTE	3.4. CITY - ST - ZIP 4.1 TITLE 4.2 NAME		Change Addition
STREET ADORESS CITY-ST-ZIP TITLE		DELETE	4.3 STHEET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME STREET ADDRESS CITY-ST-ZIP			5.8 STREET ADDRESS 5.4 CHY-ST-ZIP		
TITLE NAME		☐ DELETE	6.1 TITLE 6.2 NAME		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 eath; that I am an officer or director of the exportation 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.

6.9 STREET ADDRESS 6.4 City-S1-ZIP

ONATUDE.

STREET ADDRESS

CITY-ST-ZIP

(954)

FILED

May 13 1997 8:00am

Secretary of State