

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 # **P94000083224 (3)**

1. Corporation Name

INNOVATIVE MEDICAL EQUIPMENT, INC.



Principal Place of Business

Mailing Address

5811 MEMORIAL HWY
STE 202
TMAPA FL 33615
US

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STE 202
TMAPA FL 33615
US

3. Date Incorporated or Qualified

3a. Date of Last Report

11/15/1994

08/04/1995

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

25

29

30

4. FEI Number

Applied For

59-3281460

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

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAMOUREUX, GEORGE J
5811 MEMORIAL HWY
SUITE 202
TAMPA FL 33615

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 607.1506, 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 as of the filing date

(NOTE: Registered Agent signature required when re-appointing)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DV DELETE
NAME TRUESDALE, RICHARD S
STREET ADDRESS 3575 BENNINGTON
CITY-ST-ZIP FT. MYERS FL 33907

1.1 TITLE Change Addition
1.2 NAME WALTER A. BELLER
1.3 STREET ADDRESS 2230 SHORT HILLS DR
1.4 CITY-ST-ZIP AKRON, OH 44313

TITLE DV DELETE
NAME KREMER, RICHARD M
STREET ADDRESS 2514 YELLOW CREEK RD.
CITY-ST-ZIP AKRON FL 44333

2.1 TITLE Change Addition
2.2 NAME EARL M. TOBE
2.3 STREET ADDRESS 2404 BUR OAKN.E
2.4 CITY-ST-ZIP CANTON, OH 44705

TITLE DV DELETE
NAME FLOYD, RONALD L
STREET ADDRESS 1984 STOCKBRIDGE RD.
CITY-ST-ZIP AKRON OH 44313

3.1 TITLE Change Addition
3.2 NAME RUBEN B. MILLER
3.3 STREET ADDRESS 2369 LAUREL VALLEY DR
3.4 CITY-ST-ZIP AKRON, OH 44313

TITLE DP DELETE
NAME VERES, FRANK G
STREET ADDRESS 4681 MAHONING AVE., NW
CITY-ST-ZIP WARREN OH 44483

4.1 TITLE Change Addition
4.2 NAME WAYNE L. KNABEL
4.3 STREET ADDRESS 630 DELAWARE AVE.
4.4 CITY-ST-ZIP AKRON, OH 44303

TITLE ST DELETE
NAME OTTO, ELLEN T
STREET ADDRESS 810 HAMPTON RIDGE DR.
CITY-ST-ZIP AKRON OH 44313

5.1 TITLE Change Addition
5.2 NAME RONALD L. FLOYD
5.3 STREET ADDRESS 2286 COVINGTON
5.4 CITY-ST-ZIP AKRON, OH 44313

TITLE DELETE
NAME WAYNE L. KNABEL
STREET ADDRESS 630 DELAWARE AVE.
CITY-ST-ZIP AKRON, OH 44303

6.1 TITLE Change Addition
6.2 NAME 70000185702P
6.3 STREET ADDRESS -06/10/96--01025--009 6-10-96
6.4 CITY-ST-ZIP ***233.75

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: *Richard Truesdale, Vice Pres.* 5/30/96 (330) 922-4931
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, Date Phone #

CR2E034 (12/95)