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PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000086614 (2)

1. Corporation Name

ALL FLORIDA MEDICAL SUPPLIES, INC.

Principal Place of Business

185 NE 6 AVE
DELRAY BEACH FL 33483
US

Mailing Address

1336 NO. FEDERAL HIGHWAY STE. 123
DELRAY BEACH FL 33483

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

28. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

MARTINI, WILLIAM C
95 ISLAND DRIVE SOUTH
OCEAN RIDGE FL 33435

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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

MARTINI, WILLIAM C
95 ISLAND DRIVE SOUTH
OCEAN RIDGE FL 33435

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

DELETE

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

DELETE

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

DELETE

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

DELETE

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

DELETE

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

Change Addition

Change Addition