## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 1. Corporation Name

P94000087076 (3)

FUGUA MEDICAL CHIRDLES INC

ELISHA MEDICAL SUPPLIES, IN	<b>(</b> .
Principal Place of Business	Mailing Address
1330 W. INDUSTRIAL AVENUE STE. 110 BOYNTON BEACH FL 33426	1330 W. INDUSTRIAL AVENUE STE. 110 BOYNTON BEACH FL 33426



BOYNTON BE	STRIAL AVENUE STE. 110 ACH FL 33426	1330 W. INDUSTRIAL AVI BOYNTON BEACH FL 334		110	3. Date Incorporated or Qualified 11/29/1994	3a. Date of Last Repx 03/02/1995	
2. Principal Plac	ce of Business	2a. Mailing Address	2110	пλ	4. FEI Number	h	plied For
11 288D	NW 2nd AVE*3S	26 P.D. Box Suite, Apt. #, etc.	8114	174	65-0552372	\$8.75 A	t Applicable
Suite, Apt. #	RATON, FL	27 BOCA PAT	ON. T	Fl	5. Certificate of Status Desired	Fee Re	
City & State 3343	1 12SA	City & Stale			Election Campaign Financing     Trust Fund Contribution	□ \$5.00 Added to	
Zip 4(	Country 25	29 Zp33481	Country 30	USA		□ No	99.032,
	9. Name and Address of Current	Registered Agent		1-22-	10. Name and Address of New R	legistered Agent	
•			81				
ELISHA,			82	Street Addr	ess (P.O. Box Number is Not Acceptab	ole)	
	INDUSTRIAL AVENUE STE. 110		83	1			
BUTNIU	N BEACH FL 33426					les 7.5	Seda .
			84	City		FL 85 Zip C	ode
familiar with	of the provisions of Sections 607,0507, ad agent, or both, in the State of Florids h, and accept the obligations of, Section Synamics, typed or promorative of registered agrical	in 607.0505, Florida Statutes	Begistered <b>Ag</b> e	nt signal are recipres		CATE.	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF		O 114 12
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I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the extemption stated in section 118.07 (g)(n). Fished states, the wind 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR