## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550<sub>4</sub>(IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT CORPORATION** ANNUAL REPORT

K-1



FLORIDA DEPARTMENT OF STATE

## Sandra B. (Fortham

Secretary of State DIVISION OF CORPORATIONS

P94000092623 (5)

98 APR 11, AM 10: 20

SECRETARY OF STATE TALLAHASSEE, FLORIDA

S & M MEDICAL SUPPLY, INC.					
	REINS	MATEMEN	T 97-98		
Principal Place of Bu	usiness	of Mailing Address	10 - 06/CL 2 12	- + 19911991 118 18111 81513 80711 80111 8811	r abija 16410 tyana dinia sinda tihi 1881
.602-WEST-20TH-6TH	HEET 1570 W 431 SUITE 34 HIALEAH, FO	600 WEST COTH STREET	1570W43A SUITE 24 ALEAH, FL	1	
-SUITE-8 HIALEAU EL 23002	NO SERVE FL	- SUITE 8	0116 34 FT	DO NOT WRITE	N THIS SPACE
	714017111 3	- '	ALEANING	3. Date Incorporated or Qualified	3a, Date of Last Report
	9 3010	3	3013	12/23/1994	07/05/1996
2. Principal Place of	Business	2a. Mailing Address		4. FEI Number	Applied For
21.		26		65-0542156	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
<b>23</b> Zip	Country	<b>28</b>	Country	Trust Fund Contribution     This corporation owes or has paid	
24	25	<u>⊢</u> ¬ `	30	Personal Property Tax due June 3	1
	Name and Address of Current			10. Name and Address of New Reg	
MARTINEZ, SILVIO 81 Name					
82 Street Address SUITE 8 SUITE 9 HIALBAN FL 33012 HIALBAN FL 33012  83				ess (P.O. Box Number is Not Acceptable	e)
SUFFE &	SUITED	4,			
HIALBAN	HIALE	<i>みみ.Fし33</i> 012	83	2000024	90602 4
			84 City	-04/16/9	13 - D1051 Zp 8332
17.5	10 0 0070500	1007 1000 51 11 01 11		****900	. <b>010L</b>   **   * 300.00
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. I am lamiliar with a description of Section 607.0505, Florida Statutes.					
agent. Lam lamiliar vitus and addition of the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature typed distributed name of a steed agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE					
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TITLE 'PT	SD	DELETE	1.1 TITLE		Change Addition
NAME MA	RTINEZ, <b>B</b> LVIO <del>2 W.29TH #</del> 8 1570 ( <del>NEAH FL</del> SUITE)	WILD PL	1.2 NAME		
STREET ADDRESS	LEADER SWITE	24 ThatFAHIL	1.3 STREET ADDRESS		·
CITY-ST-ZIP	HEARITE SUTTO	7 / 10/17 5 3012	1.4 CiTY-ST-ZIP		
TITLE		[ DEFETE	21 TITLE	•	L. Change L. Addition
NAME			2 2 NAME		ł
STREET ADDRESS			2 3 STREET ADDRESS	•	
CITY-ST-ZIP TITLE		DELETE	2 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS	•	
CITY-ST-ZIP			3.4. CITY-ST-ZIP		. •
TITLE	,	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAMÉ			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		_
CITY-ST-ZIP	·	- December	4.4 CITY - ST - ZIP		· · · · · · · · · · · · · · · · · · ·
TITLE		☐ DELETE	5.1 TITLE		Change
NAME	•		5.2 NAME	O also	
STREET ADDRESS	•		5 3 STREET ADDRESS	J. alaw	,
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	a. alaw	Change Addition
NAME	•	_ occur	6.2 NAME	41/4198	C oversão C Control
STREET ADDRESS			6.3 STREET ADDRESS	9.470	
CITY-ST-ZIP	11 /	9	6.4 City-St-ZiP 1		
14 I do herebu sorti	ity that the information continu	with this filing does not quality		in Section 119 07/3Vi). Florida Statutes	I further certify that the

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 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if challed, or on an attachment with an address.

GNATURE:

SYLULIUM MARTINE

Office 905-825-1119

To the second