

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000009140 (1)**

1. Corporation Name
FLORIDA OXYGEN, INC.



Principal Place of Business: **7731 OLD FLORAL CITY ROAD SUITE 1 FLORAL CITY FL 34436**
Mailing Address: **PO BOX 296 FLORAL CITY FL 34436-0296**

3. Date Incorporated or Qualified: **01/31/1995**
3a. Date of Last Report: **NA**
4. FEI Number: Applied For, 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
10. Name and Address of New Registered Agent

2. Principal Place of Business
21. **8405 N. Pine Haven Pt.**
22. Suite, Apt. #, etc.
23. **Crystal River FL**
24. **34428** 25. **CITRUS**
2a. Mailing Address
26. **P.O. Box 1372**
27. Suite, Apt. #, etc.
28. **Crystal River FL**
29. **34423** 30. **CITRUS**
9. Name and Address of Current Registered Agent

**KOVACH, MICHAEL T
7731 OLD FLORAL CITY ROAD
SUITE 1
FLORAL CITY FL 34436**

81. Name: **MORRIS STANTON**
82. Street Address (P.O. Box Number is Not Acceptable): **8405 N PINE HAVEN PT**
83. City: **CRYSTAL RIVER** FL 85. Zip Code: **34428**

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 607.0506, Florida Statutes.

SIGNATURE: *Morris Stanton* **MORRIS STANTON SECRETARY TREASURER** Date: **4-26-96**

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KOVACH, MICHAEL T	
STREET ADDRESS	7731 OLD FLORAL CITY ROAD	
CITY-ST-ZIP	FLORAL CITY FL 34436	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	CLYDE W WASSON	
3. STREET ADDRESS	7708 S SHORE ACRES PT	
4. CITY-ST-ZIP	FLORAL CITY FL 34436	
5. TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	MORRIS STANTON	
7. STREET ADDRESS	8405 N PINE HAVEN PT	
8. CITY-ST-ZIP	CRYSTAL RIVER FL 34428	
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-ST-ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-ST-ZIP		
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-ST-ZIP		

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: *Morris Stanton* **MORRIS STANTON SECRETARY TREASURER** Date: **4-26-96** (352) 795-9192

CR2E034 (12/95)