FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

28

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000014064 (6)

PARAMEDS PLUS, INC.

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Mar 27 1997 8:00am Secretary of State

A JOHN A EN HER MALEN BAHAN ORFIN KANNA BORLA ARREK (NORK RIGHA SRAKA BAHAN BAHAN BAHAN BAHAN BAHAN BAHAN BAHAN

Trust Fund Contribution

FILED

			8	
Principal Place of Business	Mailing Address	1 AMBILIARI MANAL MINIS DENN MANIL MAN	ı Müşney isidile bildir Maliya Alkey aşan yıbas	
MBS N PARK AVE Buite 8 Minter Park FL 32789 JS	2165 N PARK AVE Suite 8 Winter Park FL 32789-2364			
	US	3. Date Incorporated or Qualified 02/20/1995	3a. Date of Lest Report 05/01/1996	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For	
	26	59-3296929	Not Applicable	
Suite, Apt #, etc.	Suite, Apt #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State	6. Flection Campaign Financing	\$5 AA May Bo	

ΖΙΡ 4	25 Country	29	30	This corporation has liability for intangible tax under s 199.032, Fiorida Statutes Yes No	
	9. Name and Address of C	Current Registered Agent		10. Name and Address of New Registered Agent	
SMITH, JUDY 2185 N PARK AVE			81 Name LeBOUT ANNIE		
_	UITE 8			82 Street Address (P.O. Box Number is Not Acceptable)	
V	VINTER PARK FL 32789		ļ	83 SUATE E	
		· · · · · · · · · · · · · · · · · · ·		B4 City WINTER PARK FL 85 Zip Code \$2789	
11. Pursua	int to the provisions of Sections 60	07.0502 and 607.1508, Florida S	statutes, the at	pove-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 Hamilian by July, and accept the appointment as registered agent. SIGNATURE gistered agent and title if applic ed Agent algnature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Change Addition Tille SMITH, JUDY NAME 1.2 NAME 1516 SPARROW ST STREET ACORESS 1.3 STREET ADDRESS LONGWOOD FL 32750 CITY - ST - ZIP 1.4 CITY ST-ZIP XIADELETE THLE 2.1 TITLE Change Addition ARCHIE, ROBERT NAMÉ 2.2 NAME **421 WILMINGTON CIR** STREET ADDRESS 2 3 STREET ADDRESS **OVIEDO FL 32765** CITY ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST ZIF 3.4. CITY-\$T-ZIP DELETE Change Addition 4.1 TITLE THE NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CHY-ST-20 DELETE Change ■ Addition THE 5.1 TITLE 5.2 NAME NANTI STREET ADDRESS **53 STREET ADDRESS** 5.4 City-St-ZiP CITY-\$1-Zi-DELETE Addition Change THE 6.1 TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. 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 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:

Added to Fees