FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000024426 (5)**

1. Corporation Name

DME SUPPLIES, INC.

Principal Place of Business

7731 OLD FLORAL CITY ROAD
SUITE 1
FLORAL CITY FL 34436-0296

Mailing Address

P.O. BOX 296
FLORAL CITY FL 34436-0296

2. Principal Place of Business
21 8405 N. Pine Haven Pt
Suite, Apt. #, etc.
22
City & State
23 Crystal River Fl
Zip 24 34428 Country 25 Citrus

2a. Mailing Address
26 P.O. Box 1372
Suite, Apt. #, etc.
27
City & State
28 Crystal River Fl
Zip 29 34423 Country 30 Citrus

3. Date Incorporated or Qualified: 03/24/1995

3a. Date of Last Report: NA

4. FEI Number: [X] 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: [X] Yes [ ] No

9. Name and Address of Current Registered Agent

KOVACH, MICHAEL T
7731 OLD FLORAL CITY RD.
SUITE 1
FLORAL CITY FL 34436-0296

10. Name and Address of New Registered Agent

81 Name: Morris Stanton
82 Street Address (P.O. Box Number is Not Acceptable): 8405 N Pine Haven Pt
83
84 City: Crystal River FL 85 Zip Code: 34428

11. Pursuant to the provisions of Sections 607.0505 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: Morris Stanton; Morris Stanton Secretary Treasurer DATE: 4-26-96

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOVACH, MICHAEL T 7731 OLD FLORAL CITY RD., STE. 1 FLORAL CITY FL 34436-0296	[X] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P CLYDE W. WASSON 7108 S Suncoast Blvd Pt Floral City Fl 34436	[ ] Change [X] Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	SVP MORRIS STANTON 8405 N Pine Haven Pt Crystal River Fl 34428	[ ] Change [X] Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		[ ] Change [ ] Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		[ ] Change [ ] Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		[ ] Change [ ] Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		[ ] Change [ ] Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 added above with an address.

SIGNATURE: Morris Stanton; Morris Stanton - Secretary Treasurer 4-26-96 (352) 795-4192
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number