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 # **P95000052966 (5)**

1. Corporation Name
NEBULIZERS ETC., INC.

Principal Place of Business
5405 NW 102 AVENUE
BAY 209
SUNRISE FL 33351

Mailing Address
5405 NW 102 AVENUE
BAY 209
SUNRISE FL 33351

3. Date Incorporated or Qualified: **07/10/1995**
3a. Date of Last Report:

2. Principal Place of Business
21 5405 NW 102 Ave.
Suite, Apt. #, etc.
22 Suite #201
City & State
23 SUNRISE, FLORIDA
Zip 24 33351 Country 25 BROWARD

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number 65-0596858 — 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

9. **Name and Address of Current Registered Agent**
PEMBERTON, RANDOLPH
10040 REFLECTION BLVD., WEST
SUNRISE FL 33351

10. **Name and Address of New Registered Agent**
81 Name: RANDOLPH E. PEMBERTON
82 Street Address (P.O. Box Number is Not Acceptable): 3935 NW-73 AVENUE
83 LAUDERHILL
84 City: FL 85 Zip Code: 33319

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, 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: Randy Pemberton C.E.O.
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name change) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	MCINTOSH, CLIVE	
STREET ADDRESS	3935 NW 73 AVENUE	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	D	☐ DELETE
NAME	PEMBERTON, RANDOLPH	
STREET ADDRESS	10040 REFLECTION BLVD., WEST	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C	☒ Change ☐ Addition
1.2 NAME	RANDY PEMBERTON	
1.3 STREET ADDRESS	3935 NW 73 AVENUE	
1.4 CITY-ST-ZIP	LAUDERHILL FLORIDA 33319	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: RANDY PEMBERTON Randy Pemberton 7/14/96 954-742-0263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ORIGINAL