

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P95000058052 (8)**

1. Corporation Name

**CASTLE HOME MEDICAL SUPPLIES, INC.**



Principal Place of Business

Mailing Address

1229 NW 29 ST  
MIAMI FL 33142

1229 NW 29 ST  
MIAMI FL 33142

3. Date Incorporated or Qualified

3a. Date of Last Report

07/27/1995

2. Principal Place of Business

2a. Mailing Address

21 1224 NW 29th. ST.

26 1224 NW 29th. ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 MIAMI, FL

28 MIAMI, FL

24 Zip

Country

29 Zip

Country

33142

25

30 33142

30

4. FEI Number

Applied For

65-0599070

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. 199.03? Florida Statutes

Yes

No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

GREEN, JERRY  
9200 S DADELAND BLVD  
SUITE 617  
MIAMI FL 33156

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature (Type or Print Name of Registered Agent and Office if applicable)

(NOTE: Registered Agent's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

President  
Casanas, Manuel J.  
1224 NW 29th. Street  
Miami, FL 33142

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Vice-President & Secretary  
Fonseca, Lenin  
1224 NW 29th. Street  
Miami, FL 33142

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change  Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

Change  Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

Change  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

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. If I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 I changed or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-19-96

30F-63F-0310