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FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000062357 (5)

1. Corporation Name

CENTRAL OXYGEN & MEDICAL EQUIPMENT, INC.

Principal Place of Business

517 1ST STREET
APT. 4
INDIAN ROCKS BEACH FL 34635

Mailing Address

517 1ST STREET
APT. 4
INDIAN ROCKS BEACH FL 33785-2567

3. Date Incorporated or Qualified

08/14/1995

3a. Date of Last Report

04/24/1996

2. Principal Place of Business

21 8100 PARK BLVD

2a. Mailing Address

26 8100 PARK BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 B-3

27 B-3

City & State

City & State

23 PINELLAS PARK FL.

28 PINELLAS PARK, FL.

Zip

Zip

24 33781

25 USA

29 33781

30 USA

9. Name and Address of Current Registered Agent

PARKER, COLIN
8100 PARK BLVD.
#B-3
PINELLAS PARK FL 34665

10. Name and Address of New Registered Agent

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 607.0602 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME PARKER, COLLIN
STREET ADDRESS 517 1ST STREET, APT. 4
CITY-ST-ZIP INDIAN ROCKS BEACH FL

TITLE D ☐ DELETE

NAME FROST, JACK
STREET ADDRESS 517 1ST STREET, APT. 4
CITY-ST-ZIP INDIAN ROCKS BEACH FL 34635

TITLE D ☐ DELETE

NAME WILLIS, JOSEPH
STREET ADDRESS 517 1ST STREET, APT. 4
CITY-ST-ZIP INDIAN ROCKS BEACH FL 34635

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

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:

 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0384880

CR2E034 (9/96)