

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000071559 (5)**

1. Corporation Name

PEACHES MEDICAL SUPPLIES, CORP.



Principal Place of Business

15260 S.W. 302ND STREET
LEISURE CITY FL 33033

Mailing Address

15260 S.W. 302ND STREET
LEISURE CITY FL 33033

3. Date Incorporated or Qualified

09/13/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 12511 SW 264 ST.

26 12511 SW 264 ST.

4. FEI Number

65-0608943

Applied For
Not Applicable

22 Suite, Apt. #, etc

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Homestead

27 Homestead

6. Election Campaign Financing

\$5.00 May Be Added to Fees

24 City & State

28 City & State

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

25 Florida

29 Florida

26 Zip

30 Zip

27 Country

31 Country

28 33032

32 33032

29 Dade

33 USA.

9. Name and Address of Current Registered Agent

ROMAN, ENEIDA
15260 S.W. 302ND STREET
LEISURE CITY FL 33033

10. Name and Address of New Registered Agent

81 Name PETER S. SZAJKO
82 Street Address (P.O. Box Number is Not Acceptable)
83 12511 SW 264 ST
84 City PRINCENTON FL 85 Zip Code 33032

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Peter Szajko

Signature of Registered Agent or Director

(If NE, Registered Agent or Director is not authorized to register)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ROMAN, ENEIDA	
STREET ADDRESS	15260 S.W. 302ND STREET	
CITY-ST-ZIP	LEISURE CITY FL 33033	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PETER S. SZAJKO	Change <input type="checkbox"/> Addition
1.2 NAME	12511 S.W. 264 ST	
1.3 STREET ADDRESS	PRINCENTON, FL. 33032	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 in an attachment with an address.

SIGNATURE:

Peter Szajko

NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2584996

DATE OF FILING

CR2E034 (12/95)