

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90020 021 ***158.75

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DOCUMENT # P95000071559

1. Corporation Name PEACHES MEDICAL SUPPLIES, CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 12511 S.W. 264TH ST. HOMESTEAD FL 33032 US

Mailing Address: 12511 S.W. 264TH ST. HOMESTEAD FL 33032 US

3. Date Incorporated or Qualified: 09/13/1995

2. Principal Place of Business: 21 21514 SW 90 AVE. Suite, Apt. #, etc.

2a. Mailing Address: 26 Same # 2 Suite, Apt. #, etc.

4. FEI Number: 65-0608943 Applied For: Not Applicable

22 City & State: 23 Miami FLA

27 City & State: 28

5. Certificate of Status Desired: [checked] \$8.75 Additional Fee Required

24 Zip: 33189 25 Country: Dade

29 Zip: 30 Country:

6. Election Campaign Financing: [unchecked] \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. [unchecked] Yes [checked] No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROMAN, ONEIDA
12511 S.W. 264TH ST.
PRINCENTON FL 33032

81 Name: ONEIDA ROMAN
82 Street Address (P.O. Box Number is Not Acceptable): 21514 SW 90 AVE.
83
84 City: Miami FL 85 Zip Code: 33189

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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	[] Change [] Addition
NAME	ROMAN, ONEIDA	1.2 NAME	
STREET ADDRESS	12511 S.W. 264TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PRINCETON FL 33032	1.4 CITY-ST-ZIP	
TITLE	[] DELETE	2.1 TITLE	[] Change [] Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	[] DELETE	3.1 TITLE	[] Change [] Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	[] DELETE	4.1 TITLE	[] Change [] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	[] DELETE	5.1 TITLE	[] Change [] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	[] DELETE	6.1 TITLE	[] Change [] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Oneida Roman ONEIDA ROMAN 1/24/99 278-1497
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)