

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 90010 046 \*\*\*150.00

**DOCUMENT # P96000033404**

1. Corporation Name

**VITAL SIGNS BY ERNIE, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**104615 OVERSEAS HWY  
KEY LARGO FL 33037**

Mailing Address  
**104615 OVERSEAS HWY  
KEY LARGO FL 33037**

3. Date Incorporated or Qualified

**04/17/1996**

2. Principal Place of Business  
**21 104615 Overseas Hwy**

2a. Mailing Address  
**26 104615 Overseas Hwy**

4. FEI Number  
**65-0658218**

Applied For  
Not Applicable

**22 2**  
Suite, Apt. #, etc.

**27 2**  
Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**23 Key Largo FL**  
City & State

**28 Key Largo FL**  
City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

**24 33037** **25 US**  
Zip Country

**29 33037** **30 US**  
Zip Country

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PRADO, HILDA  
104615 OVERSEAS HWY  
KEY LARGO FL 33037**

**81 Name Hilda Prado**  
**82 Street Address (P.O. Box Number is Not Acceptable) 104615 Overseas Hwy**  
**83**  
**84 City Key Largo FL** **85 Zip Code 33037**

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 **Hilda Prado Vice Pres. Hilda Prado**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE **1/31/99**

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>P PRADO, ENILDO A</b>
STREET ADDRESS	<b>223 LOEB AVE</b>
CITY-ST-ZIP	<b>KEY LARGO FL 33037</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>V PRADO, HILDA</b>
STREET ADDRESS	<b>223 LOEB AVE</b>
CITY-ST-ZIP	<b>KEY LARGO FL 33037</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
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 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: **Hilda Prado Vice Pres. Hilda Prado** **1/31/99** **305-451-5133**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)