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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000047307 (9)

ACUTE SPECIAL SALES, INC.										
									1 8381 8 1 818 1 11311 8 8 811 1	16 111
Principal Plac	ce of Business	Mailing Address								
1100 5TH AVENUE SOUTH 1100 5TH AVENUE SOUTH										
SUITE 201 SUITE 201										
NAPLES FL-631	m·37/02	NAPLES FL 34102-6488						- ,		
							 Date Incorporated or Qualifity 05/28/1996 	ed 3	3a. Date of Last Re	eport [
	Place of Business	2a. Mailing Address					4. FEI Number		 	plied For
Suite, Apt.	# etc	Suite, Apt. #, etc.					65-0682285			Applicable
22	n, die.	27					5. Certificate of Status Desired] \$8.75 A Fee Re	
City & Stat	10	City & State				6. Election Campaign Financin		\$5.00	<u></u>	
23		28				Trust Fund Contribution	ے ا			
Zip 24 341	Country	Zip	Col	intry			8. This corporation has liability	for intar	rgible tax under s.	199.032,
24 341	8 2 25	29	30	T			Florida Statutes		es 🗌 No	
	<u></u>	Hegistered Agent		81	Name		10. Name and Address of Nev	Regist	tered Agent	
	enzo, Karl J) 5th avenue south			"	Mame					
SUIT			82	Street A	Addres	s (P.O. Box Number is Not Acce	ptable)			
	LES FL 33940. 34102				· · • · · · · · · · · · · · · · · · · ·					
HACK!	COTE 50510- 0 1 - = =									
				64	Cily				FL 85 798	ode
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607.1508, Florida Statute	es, the a	bovo	-named	corpor	ation submits this statement for t	he purp		~/ U 4 I
office or r agent. I a	registered agent, or both, in the State o Im familiar with, and accept the obligati	f Florida. Such change was a ons of, Section 607,0505. Ho	uthorize rida Sta	d by	the corp	oratio	n's board of directors. I hereby a	ccept th	e appointment as r	registered
SIGNATURE		0.10 0.11 0.00.10 0.01 1.00 0.00, 7 10		10100	•					
	Signature, typed or printed name of registered agent		Registero	d Age	nt signature	required	when reinstating)		DATE	
12.	OFFICERS AND		13.		—	- 53	ADDITIONS/CHANGES TO C	FFICER		
TITLE		L] DELETE	1.1 1/11.6				ST ouis M. Lorenzo		Change	Addition
NAME STREET ADDRESS						.00 5th Avenue,		ith, STE.	201	
CITY-ST-ZIP				114 - S1				102	,	
TITLE		DELETE	2.1 TOLE		1 · ZIF				Change	Addition
NAME			2.2 NAME							
STREET ADDRESS			2.3 STREE		ADDRESS					
CITY-ST-ZIP		2.4		DIY-S	1 - ZIP					
TITLE		DELETE	3.1 THEE						Change	☐ Addition
NAME		3.2		AME						
STREET ADDRESS			335	HEFT	ADDRESS					
CITY-ST-ZIP			3 4. C(TY-		1 - Z/P					
TITLE		DELETE	4.1 THLE		ľ				☐ Change	Addition
NAME OVEREZ ADDRESS			4 2 N							
STREET ADDRESS			1		ADDRESS					
CITY-ST-ZIP TITLE		DELETE	4.4 CHY-S 5.1 TITLE		- <u>/</u> IP				Change	Addition
NAME			5.2 NAME						Onenge	AOUIDON
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			5.4 CITY - 5							
TITLE		DELETE	6.1 TITLE						Change	Addition
NAME			6.2 N/	AME						
STREET ADDRESS			6.3 S1	TREE1	ADDRESS					
CITY-ST-ZIP			6.4 C	TY - \$1	- 7IP					
14. I do heret	by certify that the information supplied	with this filing does not qualif	for the	exer	nption st	ated in	Section 119.07(3)(i), Florida Sta	tules. I f	further certify that t	he

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 eath; 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 of changed, or on an another with an address.