## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000050633 (2)



Pg.142

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

AIM HEALTH OXYGEN AND MEDIC	CAL SUPPLIES, INC.							
Principal Place of Business	Mailing Address				( BAIOT APAT A	YIH OUTH II		
123 N WEATHERSFIELD AVE	123 N WEATHERSFIELD	AVE						
ALTAMONTE FL 82714	ALTAMONTE FL 32714			DO NOT WRITE I	NI THIC CD	ACE		
				3. Date Incorporated or Qualified		of Last R	eport	1
				06/12/1996	NI	A		j
2. Principal Place of Business 5	2a. Mailing/Address			4. FEI Number	7	Ar	plied For	]
21 540 N Hay 434	26 // //			59 3387952			t Applicable	1
Sulte, Apt. #, etc. 1 22	Suite, Apt. #, etc.			5, Certificate of Status Desired			Additional equired	l
City & State  23 Oltamosta Surings	City & State		~ <u>.</u>	Election Campaign Financing     Trust Fund Contribution	П		May Be to Fees	
Zip County	Zip	Coul	ntry	8. This corporation owes or has paid	the curre			1
24 <b>32114</b> 25 Sterning		30		Personal Property Tax due June 3	ю. 🗆	Yes 🖸	7No	
9. Name and Address of Current	Registered Agent		64[ )	10. Name and Address of New Reg	istered Ag	ent	<u> </u>	)
MARTINEZ, ADA I		ł	81 Name	'/A				
123 N WEATHERSFIELD AVE ALTAMONTE FL 32714		-	82 Street Add	ess (P.O. Box Number is Not Acceptable	e)			1
ACIAMONIE 1 E 327 14		ŀ	83					1
		- 1	<b>A4</b> 00					ļ
		}	64 City		FL	<b>85</b> Zip	Code	
<ol> <li>Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligat</li> </ol>	and 607.1508, Florida Statu of Florida. Such change was tions of, Section 607.0505, F	ites, the at authorized lorida State	pove-named cor d by the corpora utes.	poration submits this statement for the putition's board of directors. I hereby accept	rpose of cl the appoir	nanging it ntment as	s registered registered	
SIGNATURE//A								ļ
Signature Ayped or printed name of registered agent  12. OFFICERS AND			Agent signature requ	<del></del>	DATE	UDEOTOE	O IN 40	1
12. OFFICERS AND	DELETE	13.	SLE I	ADDITIONS/CHANGES TO OFFICE		Change	Addition	4/07
NAME MARTINEZ, ADA 1		1.2 NA			-			4
STREET ADDRESS 123 N WEATHERSFIELD AVE		1.3 ST	REET ADDRESS					8
CITY-ST-ZIP ALTAMONTE FL 32714		1.4 Cm	TY-ST-ZIP					8
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STREET ADDRESS			,	40000022	(Pair	<b>134</b>		ı
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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:

ala D. marting

8/3/97 407 862 683

Sunday, August 03, 1997

Sandra B. Mortham, Secretary of State Division of Corporation Annual Report Section P. O. Box 1500 Tallahassee, FL 32302-1500

Dear Sandra B. Mortham:

By the means of this letter, I, Ada I. Martinez would like to inform you that I was out of the country for about two months due to medical reasons. On August 2, 1997, I returned to my home in Florida. To my surprise, I found a second notice with an added fee of \$385.00 to maintain my corporation rights when to the best of my knowledge I never received the first notice.

This corporation is still in the infant stages. Please accept my initial fee of \$165.00. I apologize for any inconvenience.

Sincerely,

Ada I Martinez