

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 29 1998 8:00am  
 Secretary of State



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

PROFIT CORPORATION  
 ANNUAL REPORT  
**1998**

DOCUMENT # **P96000085876 (6)**

1. Corporation Name  
**MEDICAL SUPPLY LABS, INC.**



Principal Place of Business  
**3704 NW 16TH STREET  
 33311 LAUDERDALE FL 33309  
 US**

Mailing Address  
**3704 NW 16TH STREET  
 FT. LAUDERDALE FL 33311  
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/17/1996**

2. Principal Place of Business  
 21 **3734 W. Oakland Pk Blvd**  
 Suite, Apt. #, etc.  
 22  
 City & State  
 23 **Lauderdale Lakes, FL**  
 Zip **33311** Country  
 24

2a. Mailing Address  
 26 **3734 W. Oakland Pk Blvd.**  
 Suite, Apt. #, etc.  
 27  
 City & State  
 28 **Lauderdale Lakes, FL**  
 Zip **33311** Country  
 29

4. FEI Number  
**65-0700134**

Applied For  
 Not Applicable

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

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEVY, JEFF  
 640 TENNIS CLUB DRIVE, #103  
 FT. LAUDERDALE FL 33311**

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>EWART, JOSEPH F.</b>	
STREET ADDRESS	<b>3704 NW 16TH STREET</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>EWART, JOSEPH F</b>	
STREET ADDRESS	<b>1800 NORTHWEST 49 STREET, SUITE 402</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33309</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HATFIELD, GERALD M.</b>	
STREET ADDRESS	<b>3704 NW 16TH STREET</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BATTERBURY, JAMES</b>	
STREET ADDRESS	<b>3704 NW 16TH STREET</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<b>Eric Thomas / President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>3734 W Oakland Pk Blvd.</b>	
1.3 STREET ADDRESS	<b>Lauderdale Lakes, FL</b>	
1.4 CITY-ST-ZIP	<b>33311</b>	
2.1 TITLE	<b>Elaine Ward / VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>3734 W Oakland Pk Blvd.</b>	
2.3 STREET ADDRESS	<b>Lauderdale, Lakes FL</b>	
2.4 CITY-ST-ZIP	<b>33311</b>	
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.

SIGNATURE

CR2E034 (5/98)