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

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000040305 (9)

DOCUMENT # 1. Corporation Name MEDI-SUPPLIES & EQUIPMENT OF SOUTH FLORIDA, INC.

FILED Jun 30 1998 8:00am Secretary of State



	: 											
Principal Place	of Business		Mailir	ng Address				1 10911091 118 18111 18011 80111 00111	., 80.11 0.61		181 6111 1881	
7669 NEWPORT TERRACE 7669 NEWPORT TERRACE BOCA NATON FL 33433 BOCA RATON FL 33433								DO NOT WRITE	IN THIS SP	'ACE		
2295 North University Dr. SAME Pembrate PINES 33034 SAME								3. Date Incorporated or Qualified 05/06/1997				
2. Principal Pla	ace of Busines:	3	2a. M	ailing Address				4. FEI Number			plied For	
21	1		26	<u></u>				650758686			ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.							ļ	5. Certificate of Status Desired		-	Additional	
22 27											equired	
City & State				City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip		Country	Zi	Zip Countr			1	8. This corporation owes or has paid the current year Intangible				
24	25 29				30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent				
Name and Address of Current Registered Agent								10. Name and Address of New He	gistered A(Jent		
FILIN OS , INC.							81 Name					
3732 N.W. 16TH STREET FT LAUDERDALE FL 33311						Street	et Address (P.O. Box Number is Not Acceptable)					
• • •					8:	3						
	# 1				8	City				85 Zip	Code	
	: 				0.	City		-	FL	2.0		
office or re	eoi ste red ageni	s of Sections 607.050 , or both, in the State and accept the obliga	of Florida.	Such change was	authorized t	by the col	d corpor rporation	alion submits this statement for the p 's board of directors. I hereby accep	urpose of control the appoi	hanging i niment as	is registered registered	
SIGNATURE _				(A)O	TE Registereo A	and pionalis	a required	uhog rojektije)	DATE			
	Signature, typed or p	oritiod name of registered agr OFFICERS AN			13.	Jeni signatu	ra required	ADDITIONS/CHANGES TO OFFICE		DIRECTOR	RS IN 12	
12.	- K	OF ICENS AN	Dinecto	DELETE	1.1 TITLE		Τ' '	ADDITIONO/CHANGES TO CITTLE	LING VII VD	Change	Addition	
NAME	EIDESTON	E, WAYNE M			1.2 NAM				_			
		PORT TERRACE				T ADDRESS						
STREET ADDRESS							'					
CITY-ST-ZIP TITLE	BUCK RAI	ON FL 33433		DELETE	1.4 C(TY - 2.1 T)TLE	31. ZIF	+	*		Change	Addition	
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					3.4. CITY							
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	ý				5.4 CITY			λ				
CITY-ST-ZIP TITLE	7			DELETE	6.1 TITLE		+	<u> </u>		Change	Addition	
	*			- Decemb	6.2 NAM			50000257				
NAME OTREET ADDOCCO	:					Et address		50000257 -07/01/98-0109	4029			
STREET ADDRESS							<u>'</u>	***150.00				
CITY-ST-ZIP	orthy that the is	formation cumplied w	ith this filir	o dose not qualify:	6.4 CiTY		l ded in Sa	ection 119 07(3)(i) Florida Statutes, I	further cert	ify that the	information	

Increby certify that the information supplied with this hilling does not quality for the exemption stated in Section 119.07(3)(i), Horida Statutes. I further certify that the informatic 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.