


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0094298

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P97000047957 1. Corporation Name A SENSIBLE SOLUTION-DME, INC.		

FILED
99 JUL 13 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 17861-D LAKE CARLTON DR. LUTZ FL 33549	Mailing Address 17861-D LAKE CARLTON DR. LUTZ FL 33549
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4119 Gunn Highway Suite, Apt. #, etc. 22 Suite 20B City & State 23 Tampa, FL Zip 24 33624 Country 25 USA		2a. Mailing Address 26 Post Office Box 982 Suite, Apt. #, etc. 27 City & State 28 Odessa, FL Zip 29 33556 Country 30 USA		3. Date Incorporated or Qualified 05/29/1997	4. FEI Number 59-3451004	Applied For Not Applicable
9. Name and Address of Current Registered Agent PLATTEIS, GARY S 17861-D LAKE CARLTON DR. LUTZ FL 33549				10. Name and Address of New Registered Agent		

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

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 PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PLATTEIS, GARY S		1.2 NAME	
STREET ADDRESS 17861 D LAKE CARLTON DR		1.3 STREET ADDRESS	
CITY-ST-ZIP LUTZ FL 33549		1.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PLATTEIS, JACOB D		2.2 NAME	
STREET ADDRESS 17861 D LAKE CARLTON DR		2.3 STREET ADDRESS	
CITY-ST-ZIP LUTZ FL 33549		2.4 CITY-ST-ZIP	
TITLE T	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PLATTEIS, LEONARD H		3.2 NAME	
STREET ADDRESS 5806 GRAND HARBOUR CIRCLE		3.3 STREET ADDRESS	
CITY-ST-ZIP BOYNTON BEACH FL 33437		3.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PLATTEIS, JENNIE		4.2 NAME	
STREET ADDRESS 5806 GRAND HARBOUR CIRCLE		4.3 STREET ADDRESS	
CITY-ST-ZIP BOYNTON BEACH FL 33437		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

[Signature]

GARY S. PLATTEIS 6/30/99 813-969-8049

CR2E034 (5/99)