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

**CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000078478 (9) N/C 12/24/92 DOCUMENT #

**FILED** May 04 1998 8:00am Secretary of State

-BMZ ENTERPRISES, INC.				7	•
RESPIRATORY MEDICAL SERVICES INC					
RESPICATORY MEDICAL SERVICES INC  Principal Place of Business Mailing Address					
1211 W. FLETCHER AVENUE 1211 W. FLETCHER AVENUE					
TAMPA FL 33612 TAMPA FL 33612				DO NOT WRITE IN THIS SPACE	
	•	•		3. Date Incorporated or Qualified	
				09/10/1997	
2. Principal P	lace of Business	2a. Mailing Address	. 11 .	4. FEI Number	Applied For
21 30	A. Alexander St.	26 30 d N	· Alexander s	59-3467884	Not Applicable
Suite, Apt.	#, <b>6</b> tc.	Stille, Apr. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & Stay	9	City & State		8, Election Campaign Financing	\$5.00 May Be
23	last City 71	28 Plant Ci	14 71	Trust Fund Contribution	Added to Fees
Zip _	Country	Zip	Country	8. This corporation owes or has paid the cu	urrent year Intangible
24 336	149 25 WM	29 33647	30 USA	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current F	Registered Agent		10. Name and Address of New Registered	Agent
MOONEY, MARK F					
			ess (P.O. Box Number is Not Acceptable)		
TAN	MPA_FL 33612		83		
			84 City	FI.	85 Zip Code
11. Pursuant	to the provisions of Sections 607 0502 a	and 607.1508, Florida Statute	es, the above-named corp	poration 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, it am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	Signature, typed or pended name of high ten if agent a	nod title if repola abile (NOTE	Registered Agent signalure require		
12.	OFFICERS AND I	the second secon	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	DIPISIT	∐ DELETE	1.1 HTLE		☐ Change ☐ Addition
NAME	Hell, Burton 302 N. Alexander ST. Mant City, 71 33		1.2 NAME		
STREET ADDRESS	39A N. Alexander 33	747	1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	- 1/4h F (14y , 71 3)	DELETE	1.4 C(TY - ST - Z(P) 2.1 T(T) E		Change Addition
NAME .		E Michie	2.2 NAME		
STREET ADDRESS			2.3 STREET_ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP	•	
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3 4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
TITLE NAME			5.2 NAME	1 1	
STREET ADDRESS			5 3 STREET ADDRESS	sc 5/4	
CITY-ST-ZIP			5.4 CITY - ST - ZIP	JC 3 ( (	
TITLE		DELETE	61 TITLE	9000025115	thange Addition
NAME	-,		6 2 NAME	-05/05/98011150	146
STREET ADDRESS			63 STREET ADDRESS	***150.00	
CITY+ST-ZIP	<u> </u>		6.4 CITY-ST-ZIP		
14. I hereby o	certify that the information supplied with	this filing does not qualify for	or the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further of	ertify 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 of 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 span attachment with an address.