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May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90223 012 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000083683

1. Corporation Name

MEDICAL EXCESS SUPPLIES CORP.

Principal Place of Business

Mailing Address

% BARTON & ZASKY  
1250 S POWERLINE RD  
DEERFIELD BCH FL 33442  
US

% BARTON & ZASKY  
420 LEXINGTON AVENUE, SUITE 2618  
NEW YORK NY 10170

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/26/1997

4. FEI Number

91-1889603

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 the current year Intangible  
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name DANIEL KULA

82 Street Address (P.O. Box Number is Not Acceptable)

1250 S. POWERLINE RD.

83

84 City DEERFIELD BEACH

FL

85 Zip Code

33442

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

Daniel Kula

4/27/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD ☐ DELETE  
NAME ERROL KALISH % BARTON & ZASKY  
STREET ADDRESS 420 LEXINGTON AVE #2618  
CITY-ST-ZIP NEW YORK NY 10170

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME ERROL KALISH  
1.3 STREET ADDRESS 1250 S. POWERLINE RD.  
1.4 CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE VPSD ☐ DELETE  
NAME DANIEL KULA % BARTON & ZASKY  
STREET ADDRESS 420 LEXINGTON AVE #2618  
CITY-ST-ZIP NEW YORK NY 10170

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME DANIEL KULA  
2.3 STREET ADDRESS 1250 S. POWERLINE RD.  
2.4 CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Daniel Kula

4/27/99

CR2E034 (1/98)