

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90283 034 ***150.00

DOCUMENT # P97000104425

1. Corporation Name

HOME EQUIPMENT AND REHAB TECHNOLOGIES, INC.



Principal Place of Business

**1815 SOUTH DIVISION AVENUE
ORLANDO FL 32805**

Mailing Address

**1815 SOUTH DIVISION AVENUE
ORLANDO FL 32805**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/11/1997

4. FEI Number

59-3490093

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

21 1815 B South Division Ave

2a. Mailing Address

26 P.O. Box 2132

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Orlando FL

City & State

28 Winter Park FL

Zip

24 32805

Country

25 Orange

Zip

29 32790

Country

30 Orange

9. Name and Address of Current Registered Agent

**STONE, STEPHEN M
725 NORTH MAGNOLIA AVENUE
ORLANDO FL 32803**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

TITLE PD
NAME WAITE, VIRGINIA C
STREET ADDRESS 1815 SOUTH DIVISION AVENUE
CITY-STATE-ZIP ORLANDO FL 32805

☐ DELETE

TITLE VTD
NAME HAINES, TINA B
STREET ADDRESS 1815 SOUTH DIVISION AVENUE
CITY-STATE-ZIP ORLANDO FL 32805

☐ DELETE

TITLE V
NAME HOEBING, ROBERT
STREET ADDRESS 1815 SOUTH DIVISION AVENUE
CITY-STATE-ZIP ORLANDO FL 32805

☒ DELETE

TITLE V
NAME SHEETZ, D
STREET ADDRESS 1815 S DIVISION AVE
CITY-STATE-ZIP ORLANDO FL 32805

☒ DELETE

TITLE V
NAME MORRIS, A
STREET ADDRESS 1815 S DIVISION AVE
CITY-STATE-ZIP ORLANDO FL 32805

☒ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

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 #

4/22/99

(407) 619-2200

CR2E034 (11/98)