

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

FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90004 027 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000013550

1. Corporation Name

DIRECT MED-EQUIP, INC.

Principal Place of Business

3801 SOUTH OCEAN DRIVE
SUITE 15H
HOLLYWOOD FL 33019

Mailing Address

3801 SOUTH OCEAN DRIVE
SUITE 15H
HOLLYWOOD FL 33019

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/11/1998

4. FEI Number

65-0812683

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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

JOHN A. KASBAR & COMPANY, INC.

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

3880 SHERIDAN STREET

83

84 City

HOLLYWOOD

FL

85 Zip Code

33021

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

John A. Kasbar

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6-28-99

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	CLIFFORD, MICHAEL	
STREET ADDRESS	3801 SOUTH OCEAN BOULEVARD	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 #

6-28-99

CR2E034 (1/98)

JK

P98000013550
588593-90004-27

June 28, 1999

Division of Corporations
Annual Reports Filing
P.O. Box 1500
Tallahassee, Florida 32302-1500

RE: DIRECT MED-EQUIP., INC.
DOC #P98000013550
1999 ANNUAL REPORT FILING

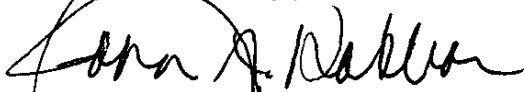
Dear Sir/Madam:

Please find enclosed the executed report referenced above along with our client's check #1254 in the amount of \$150 representing their filing fee.

As our client is a first-time filer and a bit unfamiliar with certain requirements we greatly appreciate any consideration in waiving any late filing fee. Because Mr. Clifford had filed for a Corporate Extension of Time to File he was under the impression that all reports were covered with this extension.

On behalf of DIRECT MED-EQUIP, INC., we thank you for your kind consideration of this request.

Most sincerely,



John A. Kasbar

JAK:jmk
encls

JOHN A. KASBAR & COMPANY

ACCOUNTANTS - TAX CONSULTANTS - FINANCIAL PLANNERS
3880 SHERIDAN STREET - HOLLYWOOD, FLORIDA 33021
DADE/BROWARD: (954) 983-2990 - TOLL FREE: 1 (800) 330-2990