

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
 Jul 16 1998 8:00am  
 Secretary of State



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortim**  
 Secretary of State  
 DIVISION OF CORPORATIONS

PROFIT CORPORATION  
 ANNUAL REPORT  
**1998**

DOCUMENT # **S35779** (5)

1. Corporation Name  
**K.S.R. MEDICAL SUPPLIES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**20400 WEST COUNTRY CLUB DRIVE  
 SUITE 215  
 NORTH MIAMI BEACH FL 33180**

Mailing Address  
**P.O. BOX 800509  
 NORTH MIAMI FL 33280-0509**

3. Date Incorporated or Qualified  
**03/05/1991**

2. Principal Place of Business  
**13713 1290 YANNEY DR.**

2a. Mailing Address  
**P.O. BOX 92668**

4. FEI Number  
**65-0247756**

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

23. City & State  
**BOCA RATON, FL**

28. City & State  
**BOCA RATON, FL**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

24. Zip  
**33428**

29. Zip  
**33497**

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**SIMON, RICHARD  
 20400 W. COUNTRY CLUB DRIVE, #215  
 N. MIAMI BEACH FL 33180**

10. Name and Address of New Registered Agent

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Fored Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIMON, RICHARD</b>	NAME	
STREET ADDRESS	<b>20400 WEST CTRY CLUB DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NO MIAMI BECH FL</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KATSOFF, ROBERT</b>	NAME	
STREET ADDRESS	<b>20400 WEST CTRY CLUB DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NO MIAMI BECH FL</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the option stated in section 119.07(3)(l), 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 file 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.

CR2E034 (5/98)