FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 4:00

DOCUMENT # **S88542** **(3)**

1. Corporation Name
ALL FLORIDA OXYGEN SERVICES, INC.

Principal Place of Business	Mailing Address
250 SE 6 AVE #6 DELRAY BEACH FL 33483-5920 US	1336 NORTH FEDERAL HWY SUITE 123 DELRAY BEACH FL 33483-5920

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/21/1991
3a. Date of Last Report: 02/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)

4. FEI Number: 65-0293784 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc (22) / Suite, Apt. #, etc (27)

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

City & State (23) / City & State (28)

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

Zip (24) Country (25) / Zip (29) Country (30)

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RIPLEY, RAYMOND J 235 NE 6TH AVE DELRAY BCH FL 33483	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: (Signature, typed or printed name of registered agent, and title if applicable) (DATE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	11 TITLE	☐ Change ☐ Addition
NAME	WINSLOW, NOELLE	12 NAME	
STREET ADDRESS	1336 N. FEDERAL HWY #123	13 STREET ADDRESS	
CITY ST ZIP	DELRAY BCH FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	WINSLOW, NOELLE	22 NAME	
STREET ADDRESS	1336 N. FEDERAL HWY #123	23 STREET ADDRESS	
CITY ST ZIP	DELRAY BCH FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Noelle Winslow
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

1-12-95
Date

407-272-0207
Daytime Phone #

0270499 CP