

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  
Feb 21, 1999 8:00 am  
Secretary of State

02-21-1999 90052 034 \*\*\*150.00

DOCUMENT # S88542

1. Corporation Name

ALL FLORIDA OXYGEN SERVICES, INC.

Principal Place of Business

185 N.E. 6TH AVE.  
#6  
DELRAY BEACH FL 33483  
US

Mailing Address

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

4. FEI Number

65-0293784

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 1515 PINE LANE  
Suite, Apt. #, etc.  
22 DELRAY BEACH, FL  
City & State

23 33444 USA  
Zip Country

24

2a. Mailing Address

26 1515 PINE LANE  
Suite, Apt. #, etc.  
27 DELRAY BEACH, FL  
City & State

28 33444 USA  
Zip Country

29 30

9. Name and Address of Current Registered Agent

RIPLEY, RAYMOND J  
235 NE 6TH AVE  
DELRAY BCH FL 33483

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

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 PST ☐ DELETE  
NAME WINSLOW, NOELLE  
STREET ADDRESS 1336 N. FEDERAL HWY #123  
CITY-ST-ZIP DELRAY BCH FL

TITLE D ☐ DELETE  
NAME WINSLOW, NOELLE  
STREET ADDRESS 1336 N. FEDERAL HWY #123  
CITY-ST-ZIP DELRAY BCH FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PST ☒ Change ☐ Addition  
1.2 NAME WINSLOW, NOELLE  
1.3 STREET ADDRESS 1515 PINE LANE  
1.4 CITY-ST-ZIP DELRAY BEACH, FL 33444

2.1 TITLE D ☒ Change ☐ Addition  
2.2 NAME WINSLOW, NOELLE  
2.3 STREET ADDRESS 1515 PINE LANE  
2.4 CITY-ST-ZIP DELRAY BEACH, FL 33444

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

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

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 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:

NOELLE WINSLOW  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-1999

Date

561-266-9297

Daytime Phone #

CR2E034 (11/98)