

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S88801 (3)
 1. Corporation Name
C & L OXYGEN, INC.



Principal Place of Business 10405-1 OLD ST. AUGUSTINE RD. JACKSONVILLE FL 32257 US	Mailing Address 10405-1 OLD ST. AUGUSTINE RD. JACKSONVILLE FL 32257 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6005 Powers Ave. Suite, Apt. #, etc. 22 Suite 4 City & State 23 Jacksonville, FL Zip Country 24 32217 25		2a. Mailing Address 26 6005 Powers Ave. Suite, Apt. #, etc. 27 Suite 4 City & State 28 Jacksonville, FL Zip Country 29 32217 30		3. Date Incorporated or Qualified 10/21/1991	4. FEI Number 59-3089047 Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MATTSO, MICHAEL V. 6620 SOUTHPOINT DR S STE 280 JACKSONVILLE FL 32216				10. Name and Address of New Registered Agent 81 Name Lawrence Kay 82 Street Address (P.O. Box Number is Not Acceptable) 6005 Powers Ave. 83 Suite 4 84 City Jacksonville FL 85 Zip Code 32217			
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME KAY, LAWRENCE STREET ADDRESS 10405-1 OLD ST AUGUSTINE RD CITY-ST-ZIP JACKSONVILLE FL	<input type="checkbox"/> DELETE	1.1 TITLE PD 1.2 NAME Kay, Lawrence 1.3 STREET ADDRESS 6005 Powers Ave, Suite 4 1.4 CITY-ST-ZIP Jacksonville, FL 32217	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD NAME KAY, CINDY L. STREET ADDRESS 10405-1 OLD ST AUGUSTINE RD CITY-ST-ZIP JACKSONVILLE FL	<input type="checkbox"/> DELETE	2.1 TITLE STD 2.2 NAME Cindy L. Kay 2.3 STREET ADDRESS 6005 Powers Ave, Suite 4 2.4 CITY-ST-ZIP Jacksonville, FL 32217	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

CR2E034 (10/97)