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Mar 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V02525

(6)

1. Corporation Name
ADCO MEDICAL SUPPLIES, INC.

Principal Place of Business
3400 S.W. 26TH TERRACE, SUITE A-9
FT. LAUDERDALE FL 33312

Mailing Address
P.O. BOX 5368
HAMDEN CT 06518-0368



3. Date Incorporated or Qualified 12/24/1991 3a. Date of Last Report 05/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0302761	Applied For Not Applicable
21. State, Apt. #, etc.	26. State, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent
FIRTEL, BURTON C
19533 ISLAND CT DR
BOCA RATON FL 33434

10. Name and Address of New Registered Agent

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

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)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
PS FIRTEL, BURTON C. 19533 ISLAND CT DR BOCA RATON FL VT SAUNDERS, BARRY A. 7101 RAIN FOREST DR BOCA RATON FL	11. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 12. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 13. STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition 14. CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 21. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 22. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 23. STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition 24. CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 31. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 33. STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition 34. CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 41. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 43. STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition 44. CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 51. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 53. STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition 54. CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 61. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 63. STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition 64. CITY - ST - ZIP

14. I do 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.

SIGNATURE: Barry A. Saunders 3/14/97 VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)