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FILED

Mar 16 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/24/1991

4. FEI Number

65-0302761

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

P.O. Box 5370

27

Suite, Apt. #, etc.

28

City & State

29

Zip

Country

30

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

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

PS

NAME

FIRTEL, BURTON C.

STREET ADDRESS

19533 ISLAND CT DR

CITY - ST - ZIP

BOCA RATON FL

TITLE

VT

NAME

SAUNDERS, BARRY A.

STREET ADDRESS

7101 RAIN FOREST DR

CITY - ST - ZIP

BOCA RATON FL

TITLE

DELETED

NAME

DELETED

STREET ADDRESS

DELETED

CITY - ST - ZIP

DELETED

TITLE

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TITLE

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NAME

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STREET ADDRESS

DELETED

CITY - ST - ZIP

DELETED

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

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.

SIGNATURE: *Barry Saunders*

3/9/98

CR2E034 (10/97)