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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997 **DOCUMENT # V46594**

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FILED					
Apr 28 1997 8:00am					
Secretary of State					

1, Corporation Name	(-)		4.9	
H & D SCIENTIFIC SUPPLIES, INC.	•			
			I COREN DILECT BARIN BIIDA BULLA ADUR KAR	A BIRAN RIBIN AKRIL RIBIN BARIK BARNI LODI
	•			<u>                                    </u>
Principal Place of Business	Mailing Address		1 1991 #3991 #3991 #3990 #3710 1911 #39	i milit i dimin dimin menti kama minin anna
113 GARDENS DR.	113 GARDENS DR.		<u> </u>	
#104	#104	1040		
POMPANO BCH. FL 33069	POMPANO BCH. FL 33089-0	, MAG	3. Date Incorporated or Qualified	3a, Date of Last Report
			06/24/1992	06/27/1996
2. Principa: Place of Business	2a. Mailing Address		4, FEI Number	Applied For
21 6750 FERN STREET	26 6750 PERL	4 STREET	65-0344411	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		8. Certificate of Status Desired	\$8.75 Additional
22	27		6. Certificate of Status Desired	Fee Required
City & State	City & State	• <u>•</u>	6. Election Campaign Financing	\$5.00 May Be
23 MARGATE FL	20 11110011	FL	Trust Fund Contribution	Added to Fees
24 33063 25 U.S.A.	Zip 33063	Country	This corporation has liability for  Elected State of the corporation	intangible tax under s. 199.032,
24 55065 25 0.5.A.		30 0.3.74.	Fiorida Statutes  10. Name and Address of New R	
MEZA, OSCAR H	THE HOSPITAL PROPERTY OF THE P	81 Name		Ogletore Hadri
113 GARDENS DR. HIGHWAY		0	SCAR H. HEZZ	
#104	lest organization			
POMPANO BCH. FL 33069		83	50 PERM STREET	
1 0111111111111111111111111111111111111				
		84 City	AGATE .	FL 85 Zip Code 3.3063
Pursuant to the provisions of Sections 607 050 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig.	02 and 607.1508, Florida Statute	s, the above-named co	rporation submits this statement for the	purpose of changing its registered
office or registered agent, or both, in the State agent I am familiar with, and accept the oblig	e of Florida. Such change was au lations of, Section 607.0505, Flor	.rlhorized by the corpor rida Statutes	ation's board of directors. I hereby acce	ppt the appointment as registered
	PREGIDENT			04/22/97
Signature, typed or product some a Jugistered ag-	err and tille if applicable (NOTE	Registered Agent signature rec	·	BATE
	ID DIRECTORS  STORY  DELETE	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12  Change Addition
11771 00010	נישן אנגנונ		PRESIDENT	Change D Addition
NAME   MEZA, OSCAR STREET ADDRESS   113 GARDENS DR. #104		1.2 NAME 1.3 STREET ADDRESS	DSCAR H. MEZA	
CITY-SI-ZIP POMPANO BCH. FL 33069		1.4 CITY-ST-ZIP	1750 FERN STREET HARGATE FL 330	L-3
INCE	☐ DELETE	2.1 TITLE	MARGATE, FC 350	Change Addition
HAME	hand - vente	2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
C TY - S1 - ZIP		2.4 CITY-ST-ZIP		
TITLE	☐ DELETE	3,1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS				1
V		3 3 STREET ADDRESS		l l
CHY-SI-78		3 3 STREET ADDRESS 3 4, CITY-ST-ZIP		
	DELETE			Change Addition
City: \$1-7/6	DELETE	34. CITY-ST-ZIP		Change [] Addition
THE CHY-SI-7:6	DELETE	3 4. CITY-ST-ZIP 4.1 TITLE		Change [] Addition
CITY: ST-7:# TITLE NAME STREEL ADDRESS CITY: ST-7IP	-	34, CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP		
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14. I do hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED ON PRINTED NAME OF SKINING OFFICER OR DIRECTOR

978.2762