

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V52998 (4)

1. Corporation Name

ACCESS MEDICAL & OFFICE SUPPLIES, INC.

Principal Place of Business

355 LAKESHORE DRIVE
DAYTONA BCH. FL 32114
US

Mailing Address

335 LAKESHORE DRIVE
DAYTONA BCH FL 32114
US



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

07/24/1992

3a. Date of Last Report

07/03/1995

4. FEI Number

59-3139150

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

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 617.1508, 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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
VD	ROTSTEIN, MICHAEL H.	321 N CLYDE MORRIS BLVD	DAYTONA BEACH FL	<input type="checkbox"/>
STD	OFFENBERG, HOWARD	321 N CLYDE MORRIS BLVD	DAYTONA BEACH FL	<input type="checkbox"/>
PD	CALDWELL, JACQUES	321 N CLYDE MORRIS BLVD	DAYTONA BEACH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	12. NAME	13. STREET ADDRESS	14. CITY - ST - ZIP	21. TITLE	22. NAME	23. STREET ADDRESS	24. CITY - ST - ZIP	31. TITLE	32. NAME	33. STREET ADDRESS	34. CITY - ST - ZIP	41. TITLE	42. NAME	43. STREET ADDRESS	44. CITY - ST - ZIP	51. TITLE	52. NAME	53. STREET ADDRESS	54. CITY - ST - ZIP	61. TITLE	62. NAME	63. STREET ADDRESS	64. CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changes, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-6-96

904-258-7096

CR2E034 (3/96)