

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

30 MAY 10 AM 10:35

CORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
CORPORATION DIVISION
TALLAHASSEE, FLORIDA

DOCUMENT # V56784 (4)
FINISHING TOUCH BUILDERS SUPPLY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Principal Office Address 3031 FORTUNE WAY A-17 WEST PALM BEACH FL 33414 US		2a. Mailed Address 3031 FORTUNE WAY A-17 WEST PALM BEACH FL 33414 US		3. Date of Incorporation or Qualification 08/05/1992	3a. Date of Last Report 04/27/1994
2. Principal Office Telephone 21	2b. Mailed Address Telephone 26	4. FEI Number 65-0351059		Appared Fee Not Applicable	
22. Number of Officers 23. City, State	27. Number of Directors 28. City, State	5. Certificate of Status (Entered) <input type="checkbox"/>		\$8.75 Additional Fee Required	
24. Zip 25. Country	29. Zip 30. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent WEINBERG, STEVEN A. 8000 PETERS ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				B1	Name
				B2	Street Address (P.O. Box Number is Not Acceptable)
				B3	
				B4	City
				B5	State FL

11. I, the undersigned, being the president or secretary of the corporation, hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the same is true and correct to the best of my knowledge and belief, and that the same is true and correct to the best of my knowledge and belief.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS, DIRECTORS AND REGISTERED AGENTS	
NAME POLING, CATHY 3031 FORTUNE WAY A-17 WEST PALM BEACH FL	TITLE PRESIDENT	NAME POLING, TERRY 3031 FORTUNE WAY A-17 WEST PALM BEACH FL	TITLE PRESIDENT
NAME POLING, TERRY 3031 FORTUNE WAY A-17 WEST PALM BEACH FL	TITLE PRESIDENT		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(1)(b), Florida Statutes. I further certify that the information included 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 treasurer or trustee empowered to execute this report as required by Chapter 407, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing or on an attachment with an address.

SIGNATURE: *Cathy Poling President*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/95 791-9222
 DATE PHONE NUMBER

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1995



STATE OF FLORIDA
DEPARTMENT OF REVENUE

DOCUMENT # **V57160** (6)
C-D HEALTHCARE PRODUCTS INC.

APPROVED FOR FILING
MAY 10 1995
TALLAHASSEE, FLORIDA

1. Principal Office Address 9800-1 SAN JOSE BLVD JACKSONVILLE FL 32257		2a. Mailed Address 9800-1 SAN JOSE BLVD JACKSONVILLE FL 32257		3. Date of Incorporation 08/10/1992	3a. Date of Last Report 06/03/1994
2. Principal Office of Preparation 21. 3021 Loretto Road	2a. Mailed Address 26. 3021 Loretto Road	4. FEI Number 59-3142794		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Jacksonville, FL	28. Jacksonville, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		6. The corporation has liability for intangible tax under S. 199(1)(2) Florida Statute: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24. 32223	25. USA	29. 32223	30. USA		

9. Name and Address of Current Registered Agent WINKLER, JOHN S. 2515 OAK ST. JACKSONVILLE FL 32204				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Applicable)	
				83.	
				84. City	FL 85. Zip Code

11. The report is prepared in accordance with the provisions of Sections 218.01, 218.02, 218.03, and 218.04, Florida Statutes. The above named corporation submits this statement for the purpose of changing its registered office. The report is prepared in accordance with the provisions of Sections 218.01, 218.02, 218.03, and 218.04, Florida Statutes. The corporation's board of directors has authorized this report and the appointment of a registered agent in accordance with the provisions of Sections 218.01, 218.02, 218.03, and 218.04, Florida Statutes.

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO REGISTERED AGENTS				
<table border="1"> <tr> <td>CP DUNN, JOSEPH G 9645 BAYMEADOWS ROAD #744 JACKSONVILLE FL 32256</td> <td> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add CP Dunn, Joseph G. 3580 Pail Mall Dr. #1202 Jacksonville, FL 32257 </td> </tr> <tr> <td>VST ISON, NORAH JANE 3530 WOODWARDS COVE CT. JACKSONVILLE FL 32223</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Add Remains as is No Change </td> </tr> </table>	CP DUNN, JOSEPH G 9645 BAYMEADOWS ROAD #744 JACKSONVILLE FL 32256	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add CP Dunn, Joseph G. 3580 Pail Mall Dr. #1202 Jacksonville, FL 32257	VST ISON, NORAH JANE 3530 WOODWARDS COVE CT. JACKSONVILLE FL 32223	<input type="checkbox"/> Change <input type="checkbox"/> Add Remains as is No Change	
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VST ISON, NORAH JANE 3530 WOODWARDS COVE CT. JACKSONVILLE FL 32223	<input type="checkbox"/> Change <input type="checkbox"/> Add Remains as is No Change				

14. I, the undersigned, the Principal Officer, declare under oath that the information furnished and presented herein is true and correct, and that the information is true and correct. I declare under oath that the information is true and correct. I declare under oath that the information is true and correct. I declare under oath that the information is true and correct.

SIGNATURE: *Joseph G. Dunn* President
Joseph G. Dunn
May 8, 1995 (904) 268 3366