


AMENDMENT ANNUAL REPORT

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 13, 1998 8:00 am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 163977
 1. Corporation Name
MID-WAY HOME CARE EQUIPMENT CO.

Principal Place of Business <u>7575 W. FLAGLER, ST.</u> <u>SUITE 202-B</u> <u>MIAMI, FL. 33144</u>	Mailing Address <u>7575 W. FLAGLER, ST.</u> <u>SUITE 202-B</u> <u>MIAMI, FL. 33144</u>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <u>7575 W. FLAGLER, ST.</u> Suite, Apt. #, etc. 22 <u>SUITE 202-B</u> City & State 23 <u>MIAMI, FL.</u> Zip 24 <u>33144</u>	2a. Mailing Address 26 <u>7575 W. FLAGLER, ST.</u> Suite, Apt. #, etc. 27 <u>SUITE 202-B</u> City & State 28 <u>MIAMI, FL.</u> Zip 29 <u>33144</u>	Country 25 <u>DADE</u> 30 <u>DADE</u>
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3. Date Incorporated or Qualified <u>09/15/1992</u>	Applied For <input checked="" type="checkbox"/> Not Applicable
4. FEI Number <u>65-0357095</u>	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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] (NOTE: Registered Agent signature required when reinstating) DATE 07/31/98

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P.T.D.</u> <input checked="" type="checkbox"/> DELETE <u>OMAR FERNANDEZ</u> <u>7575 W. FLAGLER, ST. SUITE 202-B</u> <u>MIAMI, FL. 33144</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<u>P.T.D.</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>GLADYS FERNANDEZ</u> <u>7575 W. FLAGLER, ST. SUITE 202-B</u> <u>MIAMI, FL.</u>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>300002615663</u> <u>-08/13/98--01103--027</u> <u>***\$1.25</u>

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: [Signature] DATE 07/31/98 (305) 364-3354
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (5/98)