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Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V73276 (0)

1. Corporation Name
ALL CARE MEDICAL EQUIPMENT, INC.



Principal Place of Business
3129 W. HALLANDALE BEACH BLVD.
#108
PEMBROKE PARK FL 33009

Mailing Address
3129 W. HALLANDALE BEACH BLVD.
#108
PEMBROKE PARK FL 33009-5121

3. Date Incorporated or Qualified 09/29/1992	3a. Date of Last Report 03/18/1996
4. FEI Number 59-3065077	Applied For <input type="checkbox"/> Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
SCHATZMAN, SOPHIE
3129 W. HALLANDALE BEACH BLVD.
SUITE 108
PEMBROKE PARK FL 33009

81 Name HELFAN MARJORIE
82 Street Address (P.O. Box Number is Not Acceptable) 10799 NASHVILLE DR
83
84 City COOPER CITY FL FL
85 Zip Code 33026

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	SCHATZMAN, SOPHIE
STREET ADDRESS	3129 W. HALLANDALE BCH B
CITY-ST-ZIP	PEMBROKE PARK FL
TITLE	SD
NAME	LEBOWITZ, GLADYS
STREET ADDRESS	3129 W. HALLANDALE BCH B
CITY-ST-ZIP	PEMBROKE PARK FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PRES
1.2 NAME	HELFAN STEVEN
1.3 STREET ADDRESS	10799 NASHVILLE DR
1.4 CITY-ST-ZIP	COOPER CITY FL 33026
2.1 TITLE	SECT
2.2 NAME	HELFAN MARJORIE
2.3 STREET ADDRESS	10799 NASHVILLE DR
2.4 CITY-ST-ZIP	COOPER CITY FL 33026
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 do 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: _____ DATE: 1/27/97 DAYTIME PHONE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)