

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

FILED
Jan 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 307055 (4)

1. Corporation Name
MEDENWALD INCORPORATED



Principal Place of Business 2331-1 BRUNER LN FT MYERS FL 33912	Mailing Address 2331-1 BRUNER LN FT MYERS FL 33912-1004
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3. Date Incorporated or Qualified 07/12/1966		3a. Date of Last Report 02/16/1996	
2. Principal Place of Business 21 State, Apt #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 State, Apt #, etc. 27 City & State 28 Zip Country	4. FEI Number 59-1145451	Applied For 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 type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent VOTAW, ROBERT W. 2331-1 BRUNER LN FORT MYERS FL 33912		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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOTAW, ROBERT W, JR	1.2 NAME	
STREET ADDRESS	1240 WALES DRIVE	1.3 STREET ADDRESS	
CITY- ST- ZIP	FORT MYERS, FLORIDA 00000	1.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEDENWALD, RHODA	2.2 NAME	
STREET ADDRESS	BEACH PKWY	2.3 STREET ADDRESS	
CITY- ST- ZIP	CAPE CORAL FL	2.4 CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOTAW, ROBERT W, JR	3.2 NAME	
STREET ADDRESS	1240 WALES DRIVE	3.3 STREET ADDRESS	
CITY- ST- ZIP	FORT MYERS, FLORIDA 00000	3.4 CITY- ST- ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEDENWALD, GARY	4.2 NAME	
STREET ADDRESS	151 S.W. 51ST ST.	4.3 STREET ADDRESS	
CITY- ST- ZIP	CAPE CORAL FL	4.4 CITY- ST- ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELAGO, PIERRE	5.2 NAME	
STREET ADDRESS	7150 SHANNON BLVD	5.3 STREET ADDRESS	
CITY- ST- ZIP	FT MYERS, FL 00000	5.4 CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOTAW, ROBERT W, JR	6.2 NAME	
STREET ADDRESS	1240 WALES DR	6.3 STREET ADDRESS	
CITY- ST- ZIP	FT MYERS FL	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: *R. W. Votaw* **R. W. VOTAW** **1-5-97** **941 481 0230**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

CV **1/21**