

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

FILED
Jan 27, 1999 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

01-27-1999 90035 041 ****150.00

DOCUMENT # 307055

1. Corporation Name
MEDENWALD INCORPORATED



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 2331-1 BRUNER LN 2331-1 BRUNER LN
 FT MYERS FL 33912 FT MYERS FL 33912

3. Date Incorporated or Qualified
07/12/1966

4. FEI Number **59-1145451** 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 owes the current year Intangible Personal Property Tax. Yes 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 Country

24 Zip 25 Country 29 Zip 30 Country

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	STD <input type="checkbox"/> DELETE
NAME	VOTAW, ROBERT W, JR
STREET ADDRESS	1240 WALES DRIVE
CITY-ST-ZIP	FORT MYERS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MEDENWALD, RHODA
STREET ADDRESS	BEACH PKWY
CITY-ST-ZIP	CAPE CORAL FL
TITLE	V <input type="checkbox"/> DELETE
NAME	VOTAW, ROBERT W, JR
STREET ADDRESS	1240 WALES DRIVE
CITY-ST-ZIP	FORT MYERS FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	MEDENWALD, GARY
STREET ADDRESS	151 S.W. 51ST ST.
CITY-ST-ZIP	CAPE CORAL FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	DELAGO, PIERRE
STREET ADDRESS	7150 SHANNON BLVD
CITY-ST-ZIP	FT MYERS FL
TITLE	V <input type="checkbox"/> DELETE
NAME	VOTAW, ROBERT W, JR
STREET ADDRESS	1240 WALES DR
CITY-ST-ZIP	FT MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Robert Wotaw **RECORDED** 1-11-99 941 4870230
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)