

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra H. Myrland
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**
95 MAR 22 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000005072 (4)

1. Corporation Name
MEDCOM/TRAINEX CO.

Principal Place of Business Mailing Address
**12601 INDUSTRY ST.
GARDEN GROVE CA 92641**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/09/1993** 3a. Date of Last Report **03/22/1994**

4. FEI Number **33-0206450** 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 has liability for intangible tax under S. 199 (U.S. Florida Statutes) Yes No

21. 6060 PHYLLIS DR.
Suite, Apt # etc

26. 6060 PHYLLIS DR.
Suite, Apt # etc

22. City & State

27. City & State

23. CYPRESS, CA

20. CYPRESS, CA

24. 90630 25. USA

29. 90630 30. USA

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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 **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1908, 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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

C
NAME: **MANLEY, JOAN**
STREET ADDRESS: **12601 INDUSTRY ST.**
CITY, ST, ZIP: **GARDEN GROVE CA**

1 NAME: **MANLEY, JOHN**
1 STREET ADDRESS: **6060 PHYLLIS DR.**
1 CITY, ST, ZIP: **CYPRESS, CA 90630**
 Change Addition

P
NAME: **GORUM, LARRY A**
STREET ADDRESS: **12601 INDUSTRY ST.**
CITY, ST, ZIP: **GARDEN GROVE CA**

2 NAME: **6060 PHYLLIS DR.**
2 STREET ADDRESS: **CYPRESS, CA 90630**
 Change Addition

V
NAME: **MUECKE, PATRICIA A**
STREET ADDRESS: **12601 INDUSTRY ST.**
CITY, ST, ZIP: **GARDEN GROVE CA**

3 NAME: **6060 PHYLLIS DR.**
3 STREET ADDRESS: **CYPRESS, CA 90630**
 Change Addition

NAME: _____
STREET ADDRESS: _____
CITY, ST, ZIP: _____

4 NAME: _____
4 STREET ADDRESS: _____
4 CITY, ST, ZIP: _____
 Change Addition

NAME: _____
STREET ADDRESS: _____
CITY, ST, ZIP: _____

5 NAME: _____
5 STREET ADDRESS: _____
5 CITY, ST, ZIP: _____
 Change Addition

NAME: _____
STREET ADDRESS: _____
CITY, ST, ZIP: _____

6 NAME: _____
6 STREET ADDRESS: _____
6 CITY, ST, ZIP: _____
 Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(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 receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Patricia A. Muecke*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/95 (714) 891-1443