

**CORPORATION
ANNUAL REPORT
1994**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED AND FILED
94 JUN 15 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L49182 (3)

1. Corporation Name
MD-FLORIDA LEGAL SERVICES, INC.

Mailing Address: **PO BOX 677 954 ORLANDO FL 32867-7954**
Principal Place of Business: **PO BOX 677 954 ORLANDO FL 32867-7954**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/12/1990**
3a. Date of Last Report: **06/23/1993**
4. FEI Number: **59-3067636**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. Mailing Address	2a. Principal Place of Business
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
**JACKSON, JOAN
115 E 8TH ST
CHULUOTA FL 32766**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 607.0502 or 617.0503, Florida Statutes.

SIGNATURE: *Joan Jackson*
Signature, typed or printed name of registered agent and that of registered agent (Not for registered agent signature to be used for filing)

12. OFFICERS AND DIRECTORS

11 TITLE	P/D
12 NAME	MILLER, CLOUD H., III
13 STREET ADDRESS	780 MILLSHORE DR.
14 CITY- ST- ZIP	CHULUOTA FL
21 TITLE	D
22 NAME	JACKSON, JOAN
23 STREET ADDRESS	115 E 8TH ST
24 CITY- ST- ZIP	CHULUOTA FL
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN '94

11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and checked and qualify for the exemption stated in Section 199.032, 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 person or persons empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 for changes of or on an affidavit with an address.

SIGNATURE: *Joan Jackson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/94 707.366.2545