

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

FILED
Jan 28, 1999 8:00 am
Secretary of State

01-28-1999 90022 014 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # M52247

1. Corporation Name
MEDCO OF FLORIDA, INC.

Principal Place of Business
2905 S. FEDERAL HWY
C-2
DELRAY BEACH FL 33483
US

Mailing Address
2905 S. FEDERAL HWY
C-2
DELRAY BEACH FL 33483
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/15/1987

4. FEI Number

59-2826278

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

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

30

9. Name and Address of Current Registered Agent

BLOCKER, KATHLEEN A.
3010 PHOEBE LANE
DELRAY BEACH FL 33444

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> DELETE |
|-------|----------------------|------------------|-----------------|---------------------------------|
| PTS | BLOCKER, KATHLEEN A. | 3010 PHOEBE LANE | DELRAY BEACH FL | <input type="checkbox"/> |
| D | BLOCKER, KATHLEEN A. | 3010 PHOEBE LANE | DELRAY BEACH FL | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| 1.1 | 1.2 | 1.3 | 1.4 | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.1 | 2.2 | 2.3 | 2.4 | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 | 3.2 | 3.3 | 3.4 | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 | 4.2 | 4.3 | 4.4 | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 | 5.2 | 5.3 | 5.4 | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 | 6.2 | 6.3 | 6.4 | <input type="checkbox"/> | <input type="checkbox"/> |

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: *Kathleen A. Blocker* KATHLEEN A. BLOCKER 1/11/99 561-272-7318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)