


FILED

Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



DIVISION OF CORPORATIONS

DOCUMENT # P22153
1. Corporation Name
MEDLETTER ASSOCIATES, INC.

(1)

Principal Place of Business
3740 BEACH BLVD., STE. #304
JACKSONVILLE FL 32207

Mailing Address
4417 BEACH BLVD.
SUITE 304
JACKSONVILLE FL 32207-0408
US

3. Date Incorporated or Qualified
12/16/1988

3a. Date of Last Report
05/01/1996

2. Principal Place of Business
21 5 WATER OAK
Suite, Apt. #, etc.
22 City & State
23 AMELIA ISLAND, FL
Zip
24 32034
Country
25 U.S.A.

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

4. FEI Number
59-2923716

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. 199.032, Florida Statutes
Yes No

9. Name and Address of Current Registered Agent
MULLEN, HELEN
5 WATER OAK
AMELIA ISLAND FL 32034

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 of person who is not a registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
1.5 TITLE
1.6 NAME
1.7 STREET ADDRESS
1.8 CITY-ST-ZIP
1.9 TITLE
1.10 NAME
1.11 STREET ADDRESS
1.12 CITY-ST-ZIP
1.13 TITLE
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1.99 STREET ADDRESS
2.00 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
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2.96 CITY-ST-ZIP
2.97 TITLE
2.98 NAME
2.99 STREET ADDRESS
3.00 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 is based 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: [Signature] 4/9/97 (212) 505-2255

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

CR2E034 (9/96)

0031709