

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

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**Mar 17 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000029609 (3)
 1. Corporation Name
MEDCO DEVELOPMENT CORPORATION



Principal Place of Business 190 SPARTAN DRIVE SUITE A MATLAND FL 32751	Mailing Address 150 SPARTAN DRIVE SUITE A MATLAND FL 32751-3463
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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. Zip
24. Country	29. Country
25. Country	30. Country

3. Date Incorporated or Qualified 04/21/1993	3a. Date of Last Report 02/20/1996
4. FEI Number 59-3173936	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PARKE, JOHN R III
150 SPARTAN DRIVE
SUITE A
MATLAND FL 32751**

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 translating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKE, JOHN R III	1.2 NAME	
STREET ADDRESS	150 SPARTAN DRIVE, SUITE A	1.3 STREET ADDRESS	
CITY-ST-ZIP	MATLAND FL 32751	1.4 CITY-ST-ZIP	
TITLE	PRESIDENT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPPELL, W. V	2.2 NAME	
STREET ADDRESS	150 SPARTAN DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MATLAND FL 32751	2.4 CITY-ST-ZIP	
TITLE	CHAIRMAN	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEARTNER, HERB	3.2 NAME	
STREET ADDRESS	150 SPARTAN DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MATLAND FL 32751	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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.

SIGNATURE: **Herbert H. Geartner, Chairman 3/12/97 (407) 339-8733**

CR2E034 (9/96)