

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY - 1 11 3: 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000044400 (8)

MEDCO ENTERPRISES, INC.

Principal Place of Business: 100 W GORE STREET SUITE 404 ORLANDO FL 32806
Mailing Address: 100 W GORE STREET SUITE 404 ORLANDO FL 32806

(DO NOT WRITE IN THIS SPACE)

3. Date first incorporated or qualified: 06/16/1993		3a. Date of Last Report: 02/25/1994	
4. FEI Number: 59-3193508		Applied For: Not Applicable	
5. Certificate of Status Desired: <input 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. 199.002, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

B. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BODEM, LOREN E 815 COLORADO AVE SUITE 305 STUART FL 34994				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 607.0140 and 607.11408, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in both in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.01408, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME: SWENSON, JEFFREY P 12.2 STREET ADDRESS: 100 W GORE ST #404 12.3 CITY, STATE, ZIP: ORLANDO FL 32806		13.1 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.1 NAME: D ALLBAUGH, TIMOTHY D 12.2 STREET ADDRESS: 100 W GORE ST #404 12.3 CITY, STATE, ZIP: ORLANDO FL 32806	<i>Delete & Change to →</i>	13.1 NAME: D AXEL ANDERSON 13.2 STREET ADDRESS: 100 WEST GULF ST, STE 404 13.3 CITY, STATE, ZIP: ORLANDO FL 32806	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.1 NAME: D HUNTER, PATRICK T 12.2 STREET ADDRESS: 100 W GORE ST #404 12.3 CITY, STATE, ZIP: ORLANDO FL 32806		13.1 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.1 NAME:		13.1 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.1 NAME:		13.1 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.1 NAME:		13.1 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied by this filing is accurately furnished and does not qualify for the exemption stated in Section 199.002, (b)(2), Florida Statutes. I further certify that the address(es) as to which this information is supplied and 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 and the recipient of my signature is authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block A, of Form CD-900, and is not attached to any other filing.

SIGNATURE: _____
SIGNATURE AND PRINTED NAME OF DIRECTOR OR REGISTERED AGENT

5/1/95 (907) 699-9080