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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1-29-96 B O 400-C

| DOCUMENT # 1. Corporation Name | P94000012915 | - |
|-----------------------------------|--------------|---|
| MED MADE ENTERS | SDICEC INC | |

MER-MADE ENTERPRISES, INC.

Principal Place of Business

Mailing Address

979 BEACHLAND BOULEVARD VERO BEACH FL 32963

979 BEACHLAND BOULEVARD VERO BEACH FL 32963



3. Date Incorporated or Qualified 3a. Date of Last Report

| | | | | | | 02/14/1994 | |)2/10/19 | 95 |
|---|--|------------------------|--|--|--|---|---------------------------------------|---------------|------------------------|
| 2. Principal Plac | | 2a. Mailing Address | | | | 4. FEI Number | | | pplied For |
| ı 9630 I | RIVERVIEW DR. | 26 | | | | 59-3234855 | | N | lot Applicable |
| Suite, Apt. #, | etc. | Suite, Apt. #, et | С. | | | 5. Certificate of Status Desired | | 7 | Additional lequired |
| City & State 3 SEBAS! | TIAN, FLORIDA | City & State | | | | Election Campaign Financing Trust Fund Contribution | | | May Be to Fees |
| Zφ 4 32976 | Country 25 | Z _I p | 30 Cou | ntry | | This corporation has liability for Florida Statutes | intangible ta | k under s | 199.032, |
| 1,9=3.9. | g, Name and Address of Currer | nt Registered Agent | | | | 10. Name and Address of New F | Registered A | gent | |
| | | | | 81 | Name | | | | |
| FENNEL | l, Darrell | | | 82 | Stroot Addro | ss (P.O. Box Number is Not Acceptab | ale) | | |
| 979 BEACHLAND BOULEVARD | | | | 12 | atieet Addres | 55 (F.O. DOX NOTICE IS NOT ACCOPIAL | ле, | | |
| | EACH FL 32963 | | | 83 | | | | | |
| 12110 2 | 2 1011 1 2 02000 | | | | | | | -12-1 | |
| | | | | 84 | City | | FL | 85 Zip | Code |
| SIGNATURE [s | i, and accept the obligations of Sect graters, typed or printed name of registerest agent | and title 1 applicable | (NOTE: Registered | l Agent s | gnature required | | DA16 | | |
| 12. | OFFICERS AN | D DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFF | · · · · · · · · · · · · · · · · · · · | | |
| mut | D | 🔀 DELETE | 1. 1 T | IFLF | DI | | 5 | Change | Addition |
| IAM ² | FENNELL, DARRELL | | 12 N | AME | JA | COBS, BRUCE | | | |
| TREET ADDRESS | 979 BEACHLAND BOULEVA | VRD | 1.3 \$ | TREET AD | DRESS 96 | 30 RIVERVIEW DRI | VE | | |
| CIY ST ZIP | VERO BEACH FL 32963 | | | ITY-ST- | | BASTIAN, FL. 329 | | | |
| T-TUF | D | X DEFELE | | | SI | | Þ | Change | Addition |
| NAME | PROFFITT, PAMELA | | 22 N | AME | JA | COBS, ELLEN L. | | | |
| STREET ADDRESS | | I D.D. | | | | • • | | | |
| | 979 BEACHLAND BOULEVA | ARD | | TREET AZ | DORESS 96 | 30 RIVERVIEW DRI | VE | | |
| DITY-ST ZIP | 979 BEACHLAND BOULEV/ VERO BEACH FL 32963 | | 24 C | ITY-ST- | ZIP SE | 30 RIVERVIEW DRI BASTIAN, FL. 329 | 7.6 | 7 Channe | C Addition |
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| DITY-ST_ZIP DITLE NAME | | | 24C 3 17 3.2N | ITY - ST - ITLE AME | ZIP SE | 30 RIVERVIEW DRI BASTIAN, FL. 329 | 7.6 | _ Change | Addition |
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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 eath; 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:

Bruce Jaculy SIGNATURE AND FREE OR DIRECTOR DIRECTOR

January 24, 1996(407)231-1100

Daytime Phone #