

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 2:53

DOCUMENT # **812553** (6)

1. Corporation Name
MEDI-KOTE CO INC

Principal Place of Business Mailing Address
C/O MORRIS AND MORRIS, P.A.
3733 UNIVERSITY BLVD W STE 107
JACKSONVILLE FL 32217-2111
C/O MORRIS AND MORRIS, P.A. CPAS
3733 UNIV BLVD. W. STE 107
JACKSONVILLE FL 32217-2111
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/01/1945** 3a. Date of Last Report **03/18/1994**
4. FEI Number **59-0836995** 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. 190.022,
Florida Statutes Yes No

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 29 Country 30 Country

9. Name and Address of Current Registered Agent
HOFFMAN, LESTER J
10109 ASHWOOD PL
BOYNTON BCH, FL 33437

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-appointing)

12. OFFICERS AND DIRECTORS

TITLE	-VP-
NAME	HOFFMAN, ANNETTE
STREET ADDRESS	10109 ASHWOOD PLACE
CITY - ST - ZIP	BOYNTON BEACH, FL 33437
TITLE	PD
NAME	HOFFMAN, LESTER J
STREET ADDRESS	10109 ASHWOOD PLACE
CITY - ST - ZIP	BOYNTON BEACH, FL 33437
TITLE	SB
NAME	-HOFFMAN, ANNETTE
STREET ADDRESS	-10109 ASHWOOD PLACE
CITY - ST - ZIP	-BOYNTON BEACH, FL 33437
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	v/s/d	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 13 if omitted, or on an attachment with an address.

SIGNATURE: *[Signature]* **LESTER J HOFFMAN, Pres.** **4/10/95** **407-737-7789**
SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR