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May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F79230 (1)
1. Corporation Name
~~SAFEMARK CORPORATION~~ Melix Corporation



Principal Place of Business: ~~6355 METROWEST BLVD SUITE 445 ORLANDO FL 32836-46~~
Mailing Address: 200 S ORANGE AVE SUITE 2300 ORLANDO FL 32801-3440 US

2. Principal Place of Business: 9701 Chestnut Ridge Dr, Windermere, FL 34786
2a. Mailing Address: 200 S ORANGE AVE SUITE 2300 ORLANDO, FL 32801-3440 US

3. Date Incorporated or Qualified: 04/14/1982
3a. Date of Last Report: 04/26/1996
4. FEI Number: 59-2185488
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: AGC CO, 200 S ORANGE AVE SUITE 2300 ORLANDO FL 32801

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code (FL)

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE: VOT	<input type="checkbox"/> DELETE
NAME: VOSS, JEFF	
STREET ADDRESS: 6355 METROWEST BLVD STE 445	
CITY-ST-ZIP: ORLANDO FL	
TITLE: SD	<input type="checkbox"/> DELETE
NAME: SILVERTON, VIVIANNE	
STREET ADDRESS: 6355 METROWEST BLVD STE 445	
CITY-ST-ZIP: ORLANDO FL	
TITLE: PD	<input type="checkbox"/> DELETE
NAME: THAKKAR, RASESH	
STREET ADDRESS: 6355 METROWEST BLVD STE 445	
CITY-ST-ZIP: ORLANDO FL	
TITLE: _____	<input type="checkbox"/> DELETE
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME: _____	
13 STREET ADDRESS: 9701 Chestnut Ridge Dr	
14 CITY-ST-ZIP: Windermere, FL 34786	
21 TITLE: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME: _____	
23 STREET ADDRESS: 9701 Chestnut Ridge Dr	
24 CITY-ST-ZIP: Windermere, FL 34786	
31 TITLE: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME: _____	
33 STREET ADDRESS: 9701 Chestnut Ridge Dr	
34 CITY-ST-ZIP: Windermere, FL 34786	
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: 400002190564	
64 CITY-ST-ZIP: -05/27/97--01002--033	
	***165.00

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: _____ DATE: 4/1/97 DAYTIME PHONE: 407-876-8800

CR2E034 (9/96)