

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

FILED
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~~
Mailing Address: 200 S ORANGE AVE SUITE 2300 ORLANDO FL 32801-0440 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 9701 Chestnut Ridge Dr	26	04/14/1982	04/26/1996
22	27	4. F.E.I. Number	Applied For
23 Windermere, FL	28 Orlando, FL	59-2185488	Not Applicable
24 34786	29 32801-3432	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		<input type="checkbox"/>	<input type="checkbox"/>
		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		<input type="checkbox"/>	<input type="checkbox"/>
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AGC CO 200 S ORANGE AVE SUITE 2300 ORLANDO FL 32801	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1408, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VDT	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOSS, JEFF	1.2 NAME	
STREET ADDRESS	6355 METROWEST BLVD STE 445	1.3 STREET ADDRESS	9701 Chestnut Ridge Dr.
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Windermere, FL 34786
TITLE	SD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERTON, VIVIANNE	2.2 NAME	
STREET ADDRESS	6355 METROWEST BLVD STE 445	2.3 STREET ADDRESS	9701 Chestnut Ridge Dr.
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Windermere, FL 34786
TITLE	PD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THAKKAR, RASESH	3.2 NAME	
STREET ADDRESS	6355 METROWEST BLVD STE 445	3.3 STREET ADDRESS	9701 Chestnut Ridge Dr.
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Windermere, FL 34786
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	400002190564
STREET ADDRESS		6.3 STREET ADDRESS	-05/27/97-01002-033
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***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

CR2E034 (9/96)