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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F98000006880

MEDALLI	on investment services	S, INC.										
Principal Plac	e of Business	Mailing Address			-			(1) BB1)) UU;	0 0 FIOI (0181 ID	HI 10011 HOU		
811 RITCHIE HWY. SEVERNA PARK MD 21146 811 RITCHIE HWY. SEVERNA PARK MD 21146							DO NOT WRITE	IN THIS S	SPACE			
						ŀ	3. Date Incorporated or Qualifed					
						}	12/17/1998			- 1		
Principal Place of Business     2a. Mailing Address							4. FEI Number		Apr	olied For		
21 26							52-2080652		Not	Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<b>⊢</b> '''				5. Certificate of Status Desired	]	<b>\$8.75</b> A Fee Red	·- I		
City & State City & State							6. Election Campaign Financing	- 1	\$5.00	Мау Ве		
23		28				Trust Fund Contribution		Added to	Fees			
Zip 24	Country 25	Zip	Zip Country				<ol><li>This corporation owes the current Personal Property Tax.</li></ol>			□No		
	9. Name and Address of Currer	<u></u>			<del></del>		10. Name and Address of New Reg	istered A	gent			
			1	81	Name					_		
PENROSE, KENNETH R 271 53RD CIRCLE					2 Street Address (P.O. Box Number is Not Acceptable)							
VERO BEACH FL 32968			  -	83				<del>-</del>				
				84	City				85 Zip C	Code		
					•			<u>FL</u>				
office or i	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was auti	norized :	by t	-named co the corpora	orpora ation's	ation submits this statement for the pui s board of directors. I hereby accept the	rpose of c ne appoint	hanging its i ment as reg	registered gistered		
SIGNATURE	<del></del>	MOT D				ulead u	han minutating)	DATE				
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re OFFICERS AND DIRECTORS			gistered Agent signature require			ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12		
TITLE				1.1 TITLE		FI	NOP		Change	X Addition		
NAME	Penrose, Kenneth R		1.2 NAN	Æ	. i		hn R Mould			-		
	271 53RD CIRCLE		1.3 STR	1.3 STREET ADDRESS		ន 1	811 Ritchie Highway Severna Park, MD. 21146					
CITY-ST-ZIP	VERO BEACH, FL 32968		1.4 CITY	1.4 CITY-ST-ZIP		Še	Severna Park, MD. 21146					
TITLE			2.1 TITL	2.1 TITLE					Change	☐ Addition	ı	
NAME			2.2 NAM	2.2 NAME						į	ı	
STREET ADDRESS	ANA COPPORATE DUE OTE ALC			2.3 STREET ADDRESS							Į	
CITY-ST-ZIP	ROCKVILLE MD 20850			Y-\$1	r-zip			_			-	
TITLE	DST	T □ DELETE 3.1 T		3.1 TITLE					Change	☐ Addition		
NAME	THEODIN, THOMALD			3.2 NAME								
STREET ADDRESS	0.0 10.0 10.0 10.0			3.3 STREET ADDRESS							ı	
CITY-ST-ZIP				3.4. CITY-ST-ZIP				_			ı	
TITLE		☐ DELETE	4.1 TITLE						☐ Change	Addition	ı	
NAME	•			4. 2 NAME							ı	
STREET ADDRESS			4.3 STR	EET	ADDRESS							
CITY-\$T-ZIP		Decemen	4.4 CITY		-ZIP				└☐ Change	☐ Addition	ŀ	
TITLE	<u></u>		1	.1 TITLE .2 NAME					change	L Addition	i	
NAME	1		1		ADDRESS					J	ļ	
STREET ADDRESS			5.3 STR									
CITY-ST-ZIP		☐ DELETE	6.1 TITL		- LIF				☐ Change	Addition	ı	
TITLE			6.2 NAM						~		,	
NAME			ľ		ADDRESS						i	

14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90234 046 \*\*\*150.00