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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 **DOCUMENT #** 

J87009

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14001011	DEALABOUR	DDADEGEIFA	11.10
MEDICAL	RESEARCH	PROPERTIES.	INU.

MEDICA	al research properti	ES, INC.							
Principal Place	of Business	Mailing Address					841 WEST WID	u #4810 #1811 (	lebet Aibit (186)
2700-22ND ST ST. PETERSBI US	T. N. URG FL 33713	2700-22ND ST. N. St. Petersburg fl US	33713						
US		00				3. Date Incorporated or Qualified 08/13/1987		of Last Re 2/27/199	
2. Principal Place of Business		2a. Mailing Address				4. FEI Number	L	<del></del>	Applied For
21		26	· · · · · · · · · · · · · · · · · · ·			74-2472339		<del>          </del>	Vot Applicable
	Suite, Apt. #, etc Suite, Apt. #,		etc.			5. Certificate of Status Desired	<b>/</b>		Additional Required
k	City & State City & State			-		6. Election Campaign Financing		\$5.0	D May Be
23		28				Trust Fund Contribution			to Fees
Zip [a.a]	Country	Zip	Coul	ntry		This corporation has liability for in Florida Statutes     The Yes		ıx under s	199.032,
24	25   g_Name and Address of Curre	29 ent Registered Agent	30			10. Name and Address of New Ro		Agent	
	. Y			81	Name		T-,		
CORPOR	RATION INFORMATION SERVICE	CES, INC.		82	Street Ado	ress (P.O. Box Number is Not Acceptable	9)		
1201 HA	YES STREET				- Street Add	7030	-,		
TALLAHA	ASSEE FL 32301			83					
				84	City		FL	85 Zı	o Code
14 ()	In the sec injune of Sections 607 050	02 and 607 1509 Florida Stat	the the abo		named cours	viction submits this statement for the num	rose of ch	anging its r	enistered office
or register	ed agent, or both, in the State of Flo	orida. Such change was autho	rized by the o	COLEK	oration's boo	oration submits this statement for the purp and of directors. I hereby accept the appo	intment as	registered	agent. I am
ł.	th, and accept the obligations of, Sei	otion 607.0505, Florida Statut	es.						
SIGNATURE.	Signature: typed or printed name of registered ago	encland title if applicable [	NOTE Registered	Agen	it signature requir	red when reinstating)	DATE		
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI			RS IN 12
Tilki	PST	☐ DELETE	1.11	ITLE		KP., SEC.	•	Change .	☐ Addition
NAME	T.C. STANMORE		1.2 N/	AME	7	T.C. STANMORE 9095 BATWOOD PACK	40		
STREET ADDRESS	9095 BAYWOOD PARK DRIV	VE	1.3 \$1	1 33A T	ADDRESS	9095 BATWOOD PATK	DK		
CITY-ST-ZIP	SEMINOLE FL				I - 7IP	SEMINOLE, FL	3464	7	D tables
TITLE	D	☐ DELETE	2 11					Change	☐ Addition
NAMC	T.C. STANMORE	N. AFT	22 N						
STREET ADDRESS	9095 BAYWOOD PARK DRI' SEMINOLE FL	VE	l l		ADDRESS	Dars Trees Nice			
CHY ST ZIP	SEMINOLE FL	[] DELETE	2.4 Cl		ST-ZIP	PRES, Treas, Dire MICHAEL MAY 2700-22 NO ST,N. ST PETC FL 337/3	5 10r	Change	Addition
NAME		[] better	32 %			MICHAEL MAY			<b>/</b> 4
STREET ADDRESS					T ADDRESS	2 100 - EL 10 1717.	ì		
CITY ST-ZIP					ST - ZiP	of fere in 30%	•		
11/16		[] DEFELE	4 1 1		-			Change	☐ Addition
NAME					l l				
STEEL LADORESS	4	LJ occur	42 N	AME					
City-St-ZiF		<u>L</u> J outere		AME TREET	T ADDRESS				
		EJ Meete	438	TREET	r address				
THEF		DETELL	438	TREET				Change	Addition
			43S	TREET HTV-S				Change	Addition
TITLE			43S 44C 511 52N	TREET HTV-S HTLE IAME				☐ Change	☐ Addition
TITLE NAME		☐ D€LETF	43S 44C 5 11 52N 53S	TREET HY-S HTLE IAME TREET	51 - ZIP				
THEF NAME STREET ADDRESS			43S 44C 511 52N 53S 54C	TREET HY-S HTLE IAME TREET	51 - ZIP I ADDRESS			☐ Change	Addition Addition
THEF NAME STREET ADDRESS COTY - STREET		☐ D€LETF	43S 44C 511 52N 53S 54C	TREET  TY-S  TITLE  AME  TREET	51 - ZIP I ADDRESS				
THEF  NAM:  STREET ADDRESS  COLY - STREET  HITE		☐ D€LETF	43S 44C 517 52N 53S 54C 617 62N	TREET  TITLE  AME  TITLE  TITLE  TITLE  TAME	51 - ZIP I ADDRESS				

14. t 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)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplymental 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 region of the corporation of the

SIGNATURE:

AME OF SIGNING DEFICER OR DIRECTOR

21/96 813821 8700