SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15. 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999 DOCUMENT #

MAIL MED OF FLA., INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Aug 25, 1999 8:00 am Secretary of State

08-25-1999 90006 024 ***150.00



Mailing Address Principal Place of Business C/O FRED E. GLICKMAN C/O FRED E. GLICKMAN 9200 S. DADELAND BOULEVARD. SUITE 508 9200 S. DADELAND BOULEVARD, SUITE 508 DO NOT WRITE IN THIS SPACE MIAMI FL 33156 MIAMI FL 33156 3. Date Incorporated or Qualified 02/10/1989 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0098310 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes the current year __ Yes 30 Intangible Personal Property. 25 29 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GLICKMAN, FRED E. Street Address (P.O. Box Number is Not Acceptable) 9200 S. DADELAND BOULEVARD SUITE 508 83 **MIAMI FL 33156** Zip Code 84 City 85 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (5/99) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 1.1 TITLE Change Addition TITLE DELETE KONIGSBERG, ALVIN S. 1.2 NAME NAME 9200 S. DADELAND BLVD. 1.3 STREET ADDRESS STREET ADDRESS Miami Fl 1.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition 3.1 TITLE TITLE ___ DELETE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP 4.1 TITLE Addition TITLE DELETÉ 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIF 5.1 TITLE Change Addition TITLE DELETE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition 6.2 NAME NAME

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 of 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

212-279-5950

MAILMED OF FLORIDA

7 Penn Plaza New York, NY 10001 Phone: (212) 279-3232 Fax: (212) 629-0749 K104803 109430-9006

Alvin Konigsberg President 24

August 19, 1999

Florida Department of State Annual Reports Filings Division of Corporations PO Box 6327 Tallahassee, FL 32314

Dear Sirs:

Enclosed please find our 1999 Profit Corporation Annual Report.

These forms were forwarded to us by our attorney, Mr. Fred Glickman, on January 20, 1999. They were never received and lost in the mail.

We are therefore filing them at this time, and enclosing the appropriate fee of \$150.00

very truly yours

ASK:wp