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CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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May 09 1997 8:00am
Secretary of State

0404692

1. Corporation Name MEDICAL DEPARTMENT STORES, INC. Principal Place of Business Mailing Address 180 JACARANDA BLVD BUITE 202 ENICE FL 34292 CAPE CORAL FL 33990-3051 US							
;	US			3. Date Incorporated or Qualifi 05/31/1990		Date of Last R 101/1996	eport
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		A	plied For
Suite Apt # etc	Suite, Apt. #, etc.	·	ши,	65-0324241		\$8.75	t Applicable
]	27			5. Certificate of Status Desired	52		equired
City & State	City & State	· · · · · · · · · · · · · · · · · · ·	-,	6. Election Campaign Financin	19 _	\$5.00	
Zip Country	28	Country	·	Trust Fund Contribution		Added	
25 Country	29	30	1	B. This corporation has liability Florida Statutes	for intangible Yes	e tax under s ∭ No	. 199.032,
9. Name and Address of Curre		1301		10. Name and Address of Nev			
SHAPIRO, SAMUEL		81	Name				
1820 SE 36 TERRACE		62	Street Add	ress (P.O. Box Number is Not Acce	ptable)		
CAPE CORAL FL 33904		-			· · · · · · · · · · · · · · · · · · ·		•••••••••••••••••••••••••••••••••••••••
		83	}				
		84	City		FL	85 Zip	Code
 Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat agent. Lam familiar with, and accept the oblination. 	502 and 607.1508, Florida Statu te of Florida Such change was gations of, Section 607.0505, Fl	tes, the abov authorized by orida Statute	e-named corp y the corpora s.	poration submits this statement for t tion's board of directors. I hereby a	he purpose o ccept the ap	of changing it pointment as	s registered registered
Signature: Symmetryped or printed name of migistered a	gert and title if applicable (NO	E: Registered Ag	ent signature requi	red when reinstaling)	DATE		···········
Signal we typing or pricted name of registered a OFFICERS A	ND DIRECTORS	TE: Registered Ag	ent signalure requi		DATE		·——
Signar as typico or protect name of mysterial a 2. OFFICERS A TLE D		13. 1.1 TITLE	ent signature requi	red when reinstaling)	DATE	ID DIRECTOR	·
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