

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000005382 (6)

1. Corporation Name

MEDI-GOLD ASSOCIATES, INC.



Principal Place of Business

6870 NORTH FEDERAL HIGHWAY
BOCA RATON FL 33487

Mailing Address

6870 NORTH FEDERAL HIGHWAY
BOCA RATON FL 33487

3. Date Incorporated or Qualified

11/13/1992

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAYMOND, JOHN J
1200 N. FEDERAL HWY.
STE. 411
BOCA RATON FL 33432

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DPT

☐ DELETE

NAME

RAYMOND, JOHN J

STREET ADDRESS

1200 N. FEDERAL HIGHWAY, #411

CITY - ST - ZIP

BOCA RATON FL

TITLE

D

☐ DELETE

NAME

ROHN, EDWARD

STREET ADDRESS

316 LAWDALE

CITY - ST - ZIP

ELMHURST IL

TITLE

D

☐ DELETE

NAME

ROHN, KATHERINE R

STREET ADDRESS

316 LAWDALE

CITY - ST - ZIP

ELMHURST IL

TITLE

DST

☐ DELETE

NAME

RAYMOND, ROSEMARY K

STREET ADDRESS

8944 KENDALE PLACE

CITY - ST - ZIP

LAKE WORTH FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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14. I 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 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:

John J. Raymond

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-96

Date

(407) 241-6910

Daytime Phone #

CR2E034 (12/95)