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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9200005382 (6)

MEDI-GOLD ASSOCIATES, INC.

FILED Jun 09 1997 8:00am Secretary of State



Dain ale al Die a	a of Divisions	Ad-U Add				{ [00] ### # ### ### ## ##########	\$8## B2## DI		
Principal Place of Business		Mailing Address				110010011101111111111111111111111111111	**********		16 1141 4641
8970 NORTH FEDERAL HIGHWAY BOCA RATON FL 83487			6870 NORTH FEDERAL HIGHWAY BOCA RATON FL 33487-1622						
DOOM INTO	16 40407						~~~		
						3. Date Incorporated or Qualified 11/13/1992	1	of Last f 1/1996	Report
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	Applied For		
21		26	· • · · · · · · · · · · · · · · · · · ·			65-0375715	Not Applicable		
Suite, Apt.	#, etc.	Suito, Apt. #, etc.	<u> </u>			5. Certificate of Status Desired			Additional
22		27							lequired
City & State	e	City & State	├─¬ ´			6. Election Campaign Financing	П		May Be
Zip	Country	28	Zip Cou			Trust Fund Contribution			to Fees
24]	25		30			8. This corporation has liability for in Florida Statutes	Yes 🔲		3. 199.032,
641	9, Name and Address of Curre		30	1		10. Name and Address of New Reg			
DAY	MOND, JOHN J			81	Name				
	O N. FEDERAL HWY.					Harris All Control of the Control of			
	. 411		82 Street Ad			dress (P.O. Box Number is Not Acceptable	e)		
	CA RATON FL 33432		I	83					
	DA 191011 I E 0010E							•	
				84	City		FL	85 Zip	Code
11. Pursuant office or r agent. I a	to the provisions of Sections 607.05t egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 607.1508, Florida Statute o of Florida. Such change was a pations of, Section 607.0505, Flo	es, the al uthorize rida Stat	bove d by t tutes.	named cor he corpora	rporation submits this statement for the pu ation's board of directors. I hereby accept	rpose of c the appoir	nanging i ntment as	its registered registered
SIGNATURE	Signature, typed or printed riamo of registered as	AVIII	Floring			uirea when reinstating)	DATE		
12.		D DIRECTORS	13.	<u>`</u>	signature requ	ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12
TITLE	DPT	DILETE	1.170					Change	Addition
NAME	RAYMOND, JOHN J		1.2 N	AME	1			•	_
STREET ADDRESS	1200 N. FEDERAL HIGHWAY,	# 411	1.3 \$1	THEFT A	DDRESS				
CITY-ST-ZIP	BOCA RATON FL		1.4 Ci	i1Y-\$1-	ZIP				
TITLE '	D	DELETE	21 THLE				E	Change	Addition
NAME	ROHN, EDWARD		2.2 N/	AME.					
STREET ADDRESS	316 LAWNDALE		2.3 \$1	TREET AL	DORESS	•			
CITY-ST-ZIP	EUMHURST IL		2.4 C) 11Y - S1	- ZIP				
TITLE	D	DELFTE	3.1 THUF					Change	Addition
NAME	ROHN, KATHERINE R		3.2 N/	AME)				•
STREET ADDRESS	318 LAWNDALE		3.3 \$1	TREET AL	ndress				
CITY-ST-ZIP	ELMHURST IL		3.4. C	::::::::::::::::::::::::::::::::::::::	- Z(P				İ
TITLE	DST	DELETE	4.1 11	TLE				Change	Addition
NAME	raymond, rosemary k		4. 2 N	IAME					
STREET ADDRESS	8944 KENDALE PLACE		4.3 ST	TREET AL	DDRESS				'
CITY-ST-ZIP	LAKE WORTH FL		4.4 CI	IIY-ST-	ZIP				
TITLE		DELETE	5110	TLE				Change	Addition
NAME			5.2 N/	AME					
STREET ADDRESS			5.3 S1	TREET A	DDRESS				
CITY-ST-ZIP			5.4 CI	ITY-ST-	ZIP				
TITLE		DELETE	6.1 TI					Change	Addition
NAME			6.2 NA	AME					
STREET ADDRESS			6.3 S1	TREET A	DDRESS				,
CITY-ST-ZIP			6 4 CI	IIY-SI-	ZIP				

14. I do hereby certify that the information supplied with this filling 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 logal effect as if made under eath; 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.