FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PS

P92000005382 (6)

MEDI-GOLD ASSOCIATES, INC.

Principal Place of Business

Mailing Address

FILED Feb 02 1998 8:00am Secretary of State



6870 NORTH FEDERAL HIGHWAY BOCA RATON FL 33487		6870 NORTH FEDERAL HIGHWAY BOCA RATON FL 33487		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/13/1992		
2. Principal Place of Business 21 / 3 6 / 5 W. JAT 3T. 26 / 3 6 / 5 W.				07	4. FEI Number	Applied For
21 5 6 5 W. A 37 26 136 5 W. Suite, Apt. #, etc.			let	31,	65-0375715	Not Applicable
22 27					5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	A RATON, FL	City & State BOCA R.	ATEN	FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 3348			30 / /44/	BEAGH		Yes No
	9. Name and Address of Current Ro	egistered Agent	81	Namo	10. Name and Address of New Registered	Agent
RAYMOND, JOHN J 1200 N. FEDERAL HWY. STE. 411 BOCA RATON FL 33432				81 Name		
				Street Add	ess (P.O. Box Number is Not Acceptable)	
			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 regist 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE						
	Signature, typed or prioted name of registured ayont and			nt signature requ	red when reinstating) DATE	D.D.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C
12.	OFFICERS AND DI	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
NAME	RAYMOND, JOHN J		1.2 NAME			C change C Addition
STREET ADDRESS	1200 N. FEDERAL HIGHWAY, #4	11	1.3 STREET	ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	••	1.4 CiTY-S			
TITLE	D	☐ DELETE	2.1 TITLE			Change Addition
NAME	ROHN, EDWARD		2.2 NAME			
STREET ADDRESS	316 LAWNDALE		2.3 STREET	ADDRESS		
CITY-ST-ZIP	<u>ELMHURST IL</u>		2.4 CITY - S	iT-ZiP		
TITLE	D	L DELETE	3 1 TITLE			☐ Change ☐ Addition
NAME	ROHN, KATHERINE R		3.2 NAME			
STREET ADDRESS	316 LAWNDALE		3.3 S1RE£1	ADDRESS		
CITY-ST-ZIP	ELMHURST IL	Deter	3.4. CITY - S	T - ZIP		
TITLE	DST DAVMOND DOCEMARY IS	☐ DELETE	4.1 TITLE			Change L Addition
NAME STORET ADODESS	RAYMOND, ROSEMARY K		4. 2 NAME	1000000		
STREET ADDRESS	8944 KENDALE PLACE		4.3 STREET			
CITY-ST-ZIP TITLE	LAKE WORTH FL	□ DELETE	4.4 CITY-ST	1 - ZIP		Change Addition
NAME		VALCE	5.1 THEE 5.2 NAME			C Origings C Magnetion
STREET ADDRESS			52 NAME 53 STREET	Annoree		
CITY-ST-ZIP						
TITLE		DELETE	5.4 City-St 6.1 Title	- £11.		Change Addition
NAME		—	6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST			
	artifu that the information augusted with the	1. (P) 1. (P) 6	40.7 3117 01			

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 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.

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A. A. Romand 1/23/00 442 67