

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

FILED
Jul 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000027443 (9)**

1. Corporation Name
MEDIFIN, INC.

Principal Place of Business

**5444 BAY CENTER DR
SUITE 204
TAMPA FL 33609
US**

Mailing Address

**PO BOX 21702
TAMPA FL 33622-1702
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5340 W. KENNEDY BLVD. Suite, Apt. #, etc. SUITE 200 City & State TAMPA, FL Zip 33609 Country		2a. Mailing Address PO BOX 21702 Suite, Apt. #, etc. TAMPA FL 33622-1702 City & State TAMPA, FL Zip 33609 Country	3. Date Incorporated or Qualified 04/14/1993	4. FEI Number 59-3175935	Applied For <input type="checkbox"/> Not Applicable
22. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
23. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
g. Name and Address of Current Registered Agent VOLPE, DAVID 5444 BAY CENTER DR SUITE 204 TAMPA FL 33609		10. Name and Address of New Registered Agent 5340 West Kennedy St 200 Suite 200 Tampa FL 33609			

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 CD	<input type="checkbox"/> DELETE	1.1 TITLE CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PEARLMAN, HERBERT M		1.2 NAME PEARLMAN, HERBERT M	
STREET ADDRESS 537 STEAMBOAT ROAD		1.3 STREET ADDRESS 537 STEAMBOAT ROAD	
CITY-ST-ZIP GREENWICH CT		1.4 CITY-ST-ZIP GREENWICH CT	
TITLE DP	<input type="checkbox"/> DELETE	2.1 TITLE DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GRAIG, WALTER M JR		2.2 NAME GRAIG, WALTER M JR	
STREET ADDRESS 2 BRIDGE AVENUE		2.3 STREET ADDRESS 2 BRIDGE AVENUE	
CITY-ST-ZIP RED BANK NJ		2.4 CITY-ST-ZIP RED BANK NJ	
TITLE DCEO	<input checked="" type="checkbox"/> DELETE	3.1 TITLE DCEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BLUM, GERALD		3.2 NAME BLUM, GERALD	
STREET ADDRESS 16935 KNIGHTSBRIDGE LANE		3.3 STREET ADDRESS 16935 KNIGHTSBRIDGE LANE	
CITY-ST-ZIP DELRAY BEACH FL		3.4 CITY-ST-ZIP DELRAY BEACH FL	
TITLE SD	<input type="checkbox"/> DELETE	4.1 TITLE SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LAWI, DAVID S		4.2 NAME LAWI, DAVID S	
STREET ADDRESS 537 STEAMBOAT ROAD		4.3 STREET ADDRESS 537 STEAMBOAT ROAD	
CITY-ST-ZIP GREENWICH CT		4.4 CITY-ST-ZIP GREENWICH CT	
TITLE DV	<input checked="" type="checkbox"/> DELETE	5.1 TITLE DV	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BLUM, HOWARD A		5.2 NAME BLUM, HOWARD A	
STREET ADDRESS 5444 BAY CENTER DR #204		5.3 STREET ADDRESS 5444 BAY CENTER DR #204	
CITY-ST-ZIP TAMPA FL		5.4 CITY-ST-ZIP TAMPA FL	
TITLE TD	<input type="checkbox"/> DELETE	6.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MURPHY, DANIEL T.		6.2 NAME MURPHY, DANIEL T.	
STREET ADDRESS 11 PENN PLAZA STE 1002		6.3 STREET ADDRESS 11 PENN PLAZA STE 1002	
CITY-ST-ZIP NEW YORK NY		6.4 CITY-ST-ZIP NEW YORK NY	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Walter M Gray Jr

Pres: 5/10/98 7325302111

CR2E034 (10/97)