

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000051334

1. Corporation Name
MEDI SALES, INC.

Principal Place of Business
5401 NW 102ND AVE. S-104
SUNRISE FL 33351

Mailing Address

PO BOX 450195
SUNRISE FL 33345
US

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

22

City & State

23

City & State

28

City & State

24

Zip

Country

25

Zip

Country

26

Country

9. Name and Address of Current Registered Agent

BONNLANDER, FRANK D JR

5401 NW 102ND AVE., S-104

SUNRISE FL 33351

81. Name

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

83.

84. City

FL 85. Zip Code



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/19/1993

4. FEI Number

65-0424765

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

7. This corporation owes the current year Intangible

Personal Property Tax.

Yes

No

10. Name and Address of New Registered Agent

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

12. OFFICERS AND DIRECTORS		13.	
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE
NAME	WOLF, DENISE		1.2 NAME
STREET ADDRESS	12530 NW 10TH ST		1.3 STREET ADDRESS
CITY-ST-ZIP	SUNRISE FL 33323		1.4 CITY-ST-ZIP
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE
NAME	BONNLANDER, FRANK D		2.2 NAME
STREET ADDRESS	12530 NW 10TH ST		2.3 STREET ADDRESS
CITY-ST-ZIP	SUNRISE FL 33323		2.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *Denise Wolf*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/99 9545728055
Daytime Phone #

CR2E034 (11/98)