

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -2 PM 5:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000058368 (0)

1. Corporation Name

~~MAX INDUSTRIES, INC.~~

MEDNET SERVICES, INC.

Principal Place of Business

Mailing Address

4023 NORTH ARMENIA AVENUE
SUITE 410
TAMPA FL 33607

7403 Temple Terr
Hwy Unit A
Tampa, FL 33637

4023 NORTH ARMENIA AVENUE
SUITE 410
TAMPA FL 33607

Same

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/19/1993

3a. Date of Last Report
04/08/1994

2. Principal Place of Business

2a. Mailing Address

21 7403 Temple Terr. Hwy

26 Suite, Apt. #, etc

22 Suite A

27 Suite, Apt. #, etc

23 Tampa, FL

28 City & State

24 33637

29 City & State

25 Hillsborough

30 County

4. FEI Number
59-3201907

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for interstate tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WIND, ATTY SHELDON L
110 HILLSBOROUGH AVE E
TAMPA FL 33604

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 the date)

(If 301 Registered Agent signature request when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPST
NAME ANDERSON, MICHELE STERN
STREET ADDRESS 4023 N ARMENIA AVE #410
CITY ST ZIP TAMPA FL

1.1 TITLE D.P.S.T
1.2 NAME Michele Stern
1.3 STREET ADDRESS 7403 Temple Terr. Hwy. Unit A
1.4 CITY ST ZIP Tampa, FL 33637

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP

200001473572
-05/03/95--01116--005
****208.75 ****208.75

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1.09 (2)(b)(k), Florida Statutes. I further certify that the information submitted on the 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 of this report, or on an attachment with an address.

SIGNATURE:

Michele Stern
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/95

813-985-1975