

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

1995



DOCUMENT # P93000073280 (8)

ORTAGUS FROZEN VENTURES, INC.

2415 TUSCAWILLA RD
#125
WINTER SPRINGS FL 32708

1425 TUSKAWILLA ROAD
STE 125
WINTER SPRINGS FL 32708

2		2a	
21	1425 Tusawilla Rd.	26	
22	#125	27	
23	Winter Springs, FL	28	
24	32708	29	
25	143A	30	

3. 10/18/1993	3a. 07/26/1994
4. 59-3208009	Applicant Fee Post Application Fee
5. \$8.75 Additional Fee Required	
6. \$5.00 May Be Added to Fees	
8. 7/24/94	

GREELEY, JOHN P
255 S. ORANGE AVE.
ORLANDO FL 32802-2254

[illegible]

12.	13.
T ORTAGUS, EDWARD R 534 DEW DROP COVE CASSELBERRY FL 32707 P ORTAGUS, EILEEN 534 DEW DROP COVE CASSELBERRY FL 32707	SYLSHURY Edward R Ortagus 9924 Carolina St Orlando, FL 32707 32765 President E. Ileen M. Ortagus 6924 Carolina St. Orlando, FL 32765

14. The first part of the problem is to show that the sequence $\{a_n\}$ is bounded. To do this, we will use the fact that a_n is a sequence of positive numbers and that a_n is a decreasing sequence. We will show that a_n is bounded above by 1 and below by 0. To show that a_n is bounded above by 1, we will use the fact that a_n is a decreasing sequence and that $a_1 = 1$. To show that a_n is bounded below by 0, we will use the fact that a_n is a sequence of positive numbers.

SIGNATURE: Edward L. Otaguiss Edward L. Otaguiss

5/1/95 407.696.0035

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**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
Tallahassee, Florida 32399-0001

**APPROVED
AND
FILED**

DOCUMENT # P93000073290 (7)

To: Corporation Number

MEDLEX, INC.

02/23/1994

FILED
TALLAHASSEE, FLORIDA

1. Principal Office of Corporation 2910 FORESTWOOD DR SEFFNER FL 33584 US		2a. Mailing Address P.O. BOX 594 SEFFNER FL 33584		3. Date incorporated (or qualified) 10/18/1993		3a. Date of Last Report 02/23/1994	
21. Principal Office of Corporation 2910 FORESTWOOD DR SEFFNER FL 33584 US		2a. Mailing Address P.O. BOX 594 SEFFNER FL 33584		4. FEI Number 59-3215167		Applied For ☐ Not Applicable	
22. State, Apt. #, etc. FL		27. State, Apt. #, etc. FL		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
23. City & State SEFFNER FL		28. City & State SEFFNER FL		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
24. Zip 33584		29. Zip 33584		7. This corporation has timely filed its annual report under S. 190.037 Florida Statutes ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent CHALU, A W 2910 FORESTWOOD DR. SEFFNER FL 33584				10. Name and Address of New Registered Agent			
				01. Name			
				02. Street Address (P.O. Box Number is Not Acceptable)			
				03.			
				04. City			
				05. 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 of Current Registered Agent (Required for Change of Agent)

Signature of New Registered Agent (Required for Change of Agent)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	☐ Change ☐ Addition
NAME	CHALU, CYNTHIA L	1.1 NAME	
STREET ADDRESS	P.O. BOX 594 N/A	1.1 STREET ADDRESS	
CITY, ST, ZIP	SEFFNER FL	1.1 CITY, ST, ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.1 NAME	
STREET ADDRESS		2.1 STREET ADDRESS	
CITY, ST, ZIP		2.1 CITY, ST, ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.1 NAME	
STREET ADDRESS		3.1 STREET ADDRESS	
CITY, ST, ZIP		3.1 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.1 NAME	
STREET ADDRESS		4.1 STREET ADDRESS	
CITY, ST, ZIP		4.1 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.1 NAME	
STREET ADDRESS		5.1 STREET ADDRESS	
CITY, ST, ZIP		5.1 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.1 NAME	
STREET ADDRESS		6.1 STREET ADDRESS	
CITY, ST, ZIP		6.1 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 111.07(4)(b), Florida Statutes. I further certify that the information included 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 if changed, or on an attachment with an address.

SIGNATURE:

Cynthia L. Chalu
ORIGINAL AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CYNTHIA L. CHALU

3/28/95 813 689 6118
Date Signature