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

3. 10/18/1993 3a. 07/26/1994

4. 59-3208009

5. $8.75 Additional Fee Required

6. $5.00 May Be Added to Fees

21 1425 Tuskawilla Rd.
22 #125
23 Winter Springs, FL
24 32708 25 USA

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

84 FL

12.

T
ORTAGUS, EDWARD R
534 DEW DROP COVE
CASSELBERRY FL 32707

P
ORTAGUS, EILEEN
534 DEW DROP COVE
CASSELBERRY FL 32707

13.

TVCSHTEY
Edward R Ortagus
4924 Carolina St
Orlando FL 32765

President
E. Jean M. Ortagus
4924 Carolina St.
Orlando, FL 32765

SIGNATURE: Edward R Ortagus 5/1/95 407-696-0035

SIGNATURE AND TYPED OR PRINTED NAME OF MOVING OFFICER OR DIRECTOR

0048850 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

DOCUMENT # P93000073290 (7)

1. Corporation Name
MEDILEX, INC.

Principal Place of Business	Mailing Address
2910 FORESTWOOD DR SEFFNER FL 33584 US	P.O BOX 594 SEFFNER FL 33584

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/18/1993
3a. Date of Last Report: 02/23/1994
4. FEI Number: 59-3215167 — 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 intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business / 2a. Mailing Address
21 / 26 Suite, Apt. #, etc. 22 / 27 City & State 23 / 28 Zip 24 County 25 Zip 29 County 30

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

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 ____ DATE ____

12. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	CHALU, CYNTHIA L
STREET ADDRESS	P.O. BOX 594 N/A
CITY ST ZIP	SEFFNER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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 — 3/28/95 — 813 689 6118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CYNTHIA L. CHALU

0441800 FP