

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000029327 (0)

1. Corporation Name

MEDTRUST, INC.



Principal Place of Business

Mailing Address

518 JEFFERSON AVENUE
CAPE CANAVERAL FL 32920

518 JEFFERSON AVENUE
CAPE CANAVERAL FL 32920

3. Date Incorporated or Qualified

04/10/1995

3a. Date of Last Report

✓

Applied For

Not Applicable

4. FEI Number

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

21 675 S. COURTENAY PARKWAY

26 Suite, Apt. #, etc

22 Suite, Apt. #, etc

27 Suite, Apt. #, etc

23 City & State

28 City & State

23 MERITT ISLAND, FL

24 Zip

Country

29 Zip

Country

24 32951

25 USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOSS, JOSEPH R
1530 S. FEDERAL HIGHWAY
ROCKLEDGE FL 32955

81 Name EILEEN V. COLEMAN

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

83 126 WASHINGTON AVE.

84 City

INDIALANTIC

FL

85

Zip Code

32903

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

Eileen V. Coleman, V.P.

Signature typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

080196

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME FROST, STEVEN
STREET ADDRESS % 518 JEFFERSON AVE.
CITY-ST-ZIP CAPE CANAVERAL FL 32920

DELETE

TITLE VD
NAME MANGUM, BARBARA
STREET ADDRESS % 518 JEFFERSON AVE.
CITY-ST-ZIP CAPE CANAVERAL FL 32920

DELETE

TITLE SD
NAME DEVOE, SANDRA
STREET ADDRESS % 518 JEFFERSON AVE.
CITY-ST-ZIP CAPE CANAVERAL FL 32920

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Eileen V. Coleman, V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EILEEN V. COLEMAN, V.P.

Date

080196

Daytime Phone

407-452-8048

CR2E034 (3/96)