

**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. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000044835 (3)

1. Corporation Name
MEDLIN ENTERPRISES, INC.



Principal Place of Business: 5012 NORTHEAST 2ND TERRACE, POMPANO BEACH FL 33064
Mailing Address: 5012 NORTHEAST 2ND TERRACE, POMPANO BEACH FL 33064

3. Date Incorporated or Qualified: 06/09/1995
3a. Date of Last Report: [Blank]
4. FFI Number: 65-0593933
Applied For: [Blank]
Not Applicable: [Blank]
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
21 211 NE 50 CT
Suite, Apt #, etc.: [Blank]
22 City & State: POMPANO BEACH FL
23 Zip: 33064
Country: [Blank]
24 33064
25 [Blank]
2a. Mailing Address
26 211 NE 50 CT
Suite, Apt #, etc.: [Blank]
27 City & State: POMPANO BEACH FL
28 Zip: 33064
Country: [Blank]
29 33064
30 [Blank]

9. Name and Address of Current Registered Agent
CARRY, PEGGY L
1515 N. FEDERAL HWY.
SUITE 300
BOCA RATON FL 33432

10. Name and Address of New Registered Agent
81 Name: [Blank]
82 Street Address (P.O. Box Number is Not Acceptable): [Blank]
83 [Blank]
84 City: [Blank]
85 Zip Code: FL [Blank]

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: [Blank] Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	[] Change [] Addition
NAME	MEDLIN, DAVID L	1.2 NAME	[] Change [] Addition
STREET ADDRESS	5012 NORTHEAST 2ND TERRACE	1.3 STREET ADDRESS	211 NE 50 CT
CITY-ST-ZIP	POMPANO BEACH FL 33064	1.4 CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	[] DELETE	2.1 TITLE	[] Change [] Addition
NAME	[] DELETE	2.2 NAME	[] Change [] Addition
STREET ADDRESS	[] DELETE	2.3 STREET ADDRESS	[] Change [] Addition
CITY-ST-ZIP	[] DELETE	2.4 CITY-ST-ZIP	[] Change [] Addition
TITLE	[] DELETE	3.1 TITLE	[] Change [] Addition
NAME	[] DELETE	3.2 NAME	[] Change [] Addition
STREET ADDRESS	[] DELETE	3.3 STREET ADDRESS	[] Change [] Addition
CITY-ST-ZIP	[] DELETE	3.4 CITY-ST-ZIP	[] Change [] Addition
TITLE	[] DELETE	4.1 TITLE	[] Change [] Addition
NAME	[] DELETE	4.2 NAME	[] Change [] Addition
STREET ADDRESS	[] DELETE	4.3 STREET ADDRESS	[] Change [] Addition
CITY-ST-ZIP	[] DELETE	4.4 CITY-ST-ZIP	[] Change [] Addition
TITLE	[] DELETE	5.1 TITLE	[] Change [] Addition
NAME	[] DELETE	5.2 NAME	[] Change [] Addition
STREET ADDRESS	[] DELETE	5.3 STREET ADDRESS	[] Change [] Addition
CITY-ST-ZIP	[] DELETE	5.4 CITY-ST-ZIP	[] Change [] Addition
TITLE	[] DELETE	6.1 TITLE	[] Change [] Addition
NAME	[] DELETE	6.2 NAME	[] Change [] Addition
STREET ADDRESS	[] DELETE	6.3 STREET ADDRESS	[] Change [] Addition
CITY-ST-ZIP	[] DELETE	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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 6/7/96
Digitize Phone #: (954) 989-8484

CR2E034 (3/96)