


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000047914 (3)					
1. Corporation Name MEDCO SUPPLY, INC.					
Principal Place of Business 651 ASTARIAS CIRCLE FT MYERS FL 33919			Mailing Address 651 ASTARIAS CIRCLE FT MYERS FL 33919-3268		
2. Principal Place of Business 21 6385 Presidential Ct. Suite, Apt. #, etc. 22 Ste. 106 City & State 23 Fort Myers, FL Zip 24 33919		2a. Mailing Address 26 6385 Presidential Ct. Suite, Apt. #, etc. 27 Ste. 106 City & State 28 Fort Myers, FL Zip 29 33919		3. Date Incorporated or Qualified 06/20/1995 3a. Date of Last Report 05/14/1996 4. FEI Number 65-0589110 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent GOODMAN, LANE DANE 651 ASTARIAS CIRCLE FT MYERS FL 33919			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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS 1.1 TITLE <input type="checkbox"/> DELETE NAME PS GOODMAN, LANE STREET ADDRESS 651 ASTARIAS CIRCLE CITY-ST-ZIP FT MYERS FL 1.2 NAME <input type="checkbox"/> DELETE 1.3 STREET ADDRESS VPT GOODMAN, SOPHIE L 1.4 CITY-ST-ZIP 651 ASTARIAS CIRCLE 1.5 CITY-ST-ZIP FT MYERS FL 1.6 TITLE <input type="checkbox"/> DELETE 1.7 NAME 1.8 STREET ADDRESS 1.9 CITY-ST-ZIP 1.10 TITLE <input type="checkbox"/> DELETE 1.11 NAME 1.12 STREET ADDRESS 1.13 CITY-ST-ZIP 1.14 TITLE <input type="checkbox"/> DELETE 1.15 NAME 1.16 STREET ADDRESS 1.17 CITY-ST-ZIP 1.18 TITLE <input type="checkbox"/> DELETE 1.19 NAME 1.20 STREET ADDRESS 1.21 CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 2.5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.6 NAME 2.7 STREET ADDRESS 2.8 CITY-ST-ZIP 2.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.10 NAME 2.11 STREET ADDRESS 2.12 CITY-ST-ZIP 2.13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.14 NAME 2.15 STREET ADDRESS 2.16 CITY-ST-ZIP 2.17 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.18 NAME 2.19 STREET ADDRESS 2.20 CITY-ST-ZIP 2.21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.22 NAME 2.23 STREET ADDRESS 2.24 CITY-ST-ZIP 2.25 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.26 NAME 2.27 STREET ADDRESS 2.28 CITY-ST-ZIP 2.29 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.30 NAME 2.31 STREET ADDRESS 2.32 CITY-ST-ZIP		
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2 APRIL 97 941-482-7737 Date Daytime Phone #		



CR2E034 (9/96)