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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000050295 (1)

MEDIPLEX SERVICES, INC.

## **FILED** Apr 25 1997 8:00am Secretary of State

Principal Place of Business Mailing Address  3824 SABER TOOTH CIRCLE GULF BREEZE FL 32561 GULF BREEZE FL 32561-3519				<del></del>				
					3. Date incorporated or Qualified 06/27/1995		ate of La 04/199	st Report
2. Principal	Place of Business	2a. Malling Address			4, FEI Number		V-1/ 100	Applied For
21		26			59-3325432			Not Applicable
Suite, Ap 22	t∈#, θtC	Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional Required
City & St	a'c	City & State	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. <del>,</del>	8. Election Campaign Financing	, <del></del> ,,,,		00 May Be
23		28	7		Trust Fund Contribution		Add	led to Fees
Ζιρ <b>24</b>	Country	Ζφ <b>29</b>	Coun	try	8. This corporation has liability for Florida Statutes	intangible ] Yes [		er 6. 199.032,
24]	9. Name and Address of Curre		30]	<u></u>	10. Name and Address of New Ro			***************************************
.IO	NES, RONALD S		8	I Name				
38	24 SABER TOOTH CIRCLE		62 Street		dress (P.O. Box Number is Not Accepta	ble)		
Gl	JLF BREEZE FL 32581			13	,,	· · · · · · · · · · · · · · · · · · ·		
			[	13				
			E	4 City		FL	85	Zip Code
agent I SIGNATURE	if to the provisions of Sections 607,05 registered agent, or both, in the State am familiar with, and accept the oblig						···	
	Styren in type dian product ramp of registered ag				ured when reinstating)  ADDITIONS/CHANGES TO OFFI	DATE		
SIGNATURE  12. TILLE	Styre rection disconnect registered as OFFICERS AN	gent and tile if applicable (NOT	13.	Agent signature requi	ured when reinstating)	DATE		TORS IN 12
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Theefour or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name on aliast himent with an address. I am an officer or director of the corporation or the appears in Block 12 or Block 13 if changed, or on

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