

**FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000050553 (3)**

1. Corporation Name  
**MEDARS CLAIMS CORP.**



Principal Place of Business: **1193 ENTERPRISE DR UNIT A-3 PORT CHARLOTTE FL 33953**  
Mailing Address: **1193 ENTERPRISE DR UNIT A-3 PORT CHARLOTTE FL 33953**

3. Date Incorporated or Qualified: **06/28/1995**  
3a. Date of Last Report

2. Principal Place of Business: **21 1646 Robin Hood Ln.**  
2a. Mailing Address: **26 1646 Robin Hood Ln.**

4. FEI Number: **05-0597953**  Applied For  Not Applicable

22. City & State: **23 CLEARWATER**  
27. City & State: **28 CLEARWATER**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

24. Zip: **34624** 25. Country: **FLORIDA** 29. Zip: **34624** 30. Country: **FLORIDA**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent: **SAKUTA, KEVIN M 1193 ENTERPRISE DR UNIT A-3 PORT CHARLOTTE FL 33953**

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes  Yes  No

10. Name and Address of New Registered Agent  
81 Name: **FRANK W. LEACH**  
82 Street Address (P.O. Box Number is Not Acceptable): **1646 Robin Hood Lane**  
83 City: **CLEARWATER** FL 85 Zip Code: **34624**

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: *[Signature]* DATE: **4/22/96**

12. OFFICERS AND DIRECTORS		DELETE
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1. TITLE	<b>FRANK W. LEACH (D)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. NAME	<b>FRANK W. LEACH (D)</b>		
3. STREET ADDRESS	<b>1646 Robin Hood Lane</b>		
4. CITY - ST - ZIP	<b>CLEARWATER, FL - 34624</b>		
5. TITLE	<b>FRANK W. LEACH (D)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. NAME	<b>FRANK W. LEACH (D)</b>		
7. STREET ADDRESS	<b>1646 Robin Hood Lane</b>		
8. CITY - ST - ZIP	<b>CLEARWATER FL - 34624</b>		
9. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
10. NAME			
11. STREET ADDRESS			
12. CITY - ST - ZIP			
13. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
14. NAME			
15. STREET ADDRESS			
16. CITY - ST - ZIP			
17. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
18. NAME			
19. STREET ADDRESS			
20. CITY - ST - ZIP			

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 registered or trusted 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]* DATE: **4/22/96** **513 531-7102**

CR2E034 (12/95)