

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000050556 (6)

1. Corporation Name  
**MEDARS MANAGEMENT SERVICES INC.**



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., Suite, Apt. #, etc.  
2a. Mailing Address: 26 1646 Robin Hood Ln., Suite, Apt. #, etc.

4. FEI Number: 65-0597956  
Applied For:  Applied For Not Applicable

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

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

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

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

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

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: 84 CLEARWATER FL 85 Zip Code: 34624

11. Pursuant to the provisions of Sections 607.022 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 607.0205, Florida Statutes.

SIGNATURE: FRANK W. LEACH (Signature) 4/22/96 (Date)

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
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TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY - ST - ZIP	

FRANK W. LEACH  
1646 Robin Hood Ln.  
CLEARWATER FL 34624  
FRANK W. LEACH  
1646 Robin Hood Ln.  
CLEARWATER FL 34624

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5-1-96  
LEB

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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: FRANK W. LEACH (Signature) 4/22/96 (Date) 813-531-7102 (Phone)

CR2E034 (12/95)