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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000086330 (4)

MEDEL INVESTMENTS, INC.

## FILED Mar 28 1997 8:00am Secretary of State



Principal Place of Business		Maining Addi	Mailing Address			a ibbilden fir iniel Bride Salti derti ablit andi iblit dirab ifite ettir salt idd:			
3035 SORREL COURT FORT LAUDERDALE FL 33331			3035 SORREL COURT FORT LAUDERDALE FL 33331-3006						
						3. Date incorporated or Qualified 11/08/1995	3a. Date	of Last F 1/1996	Report
2. Principal Pi	lace of Business	2a. Mailing A	ddress	*******		4. FEI Number			pplied For
21		26				65-0626663		<del></del>	ot Applicable
Suite. Apt.	#. etc.	Suite, Ap	t. #, etc.						Additional
22		27				5. Certificate of Status Desired		<b>—</b>	equired
City & State	B	City & Sta	ate			6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Z <sub>H</sub> D	· · · · · · · · · · · · · · · · · · ·	Country	/	8. This corporation has liability for	intengible te		
24	25	29		30	•			No.	s. 100.002,
	9. Name and Address of Cu		nt	100		10. Name and Address of New Re			
CO	RPORATION SERVICE COMP			81	Name				
	1 HAYS STREET	AIII							
	LAHASSEE FL 32301-2525			82	Street Add	fress (P.O. Box Number is Not Acceptal	ble)		
IAL	UAMASSEE FL 32301-2020	•		63	<del> </del>				
				63					
				84	City			<b>85</b> Zip	Code
					1		FL	·	
office or r	egistered agent, or both, in the S	obligations of Section (	607 0505 FI	orida Statute	9				
office of r agent 1 a SIGNATURE	m familiar with, and accept the c	obligations of, Section (	607.0505, FI	orida Statute	<b>S</b> .	aired when reinstating)	DATE		
agent La	m familiar with, and accept the c	obligations of, Section (	607.0505, FI	orida Statute	<b>S</b> .	ired when reinstating) ADDITIONS/CHANGES TO OFFICE		DIRECTO	9S IN 12
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I not hereby bettily that the information supplies with this hing does not quality for the exemption stated in section 119.0 (3)(1), Florida Statutes. I further eventy that the information indicated on this annual report of 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 phanged, or on an attachment with an address.

SIGNATURE:

NGHATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

3/21/97 (954) 384017