

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

10/2

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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FILED

97 SEP -5 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000086123 (2)

1. Corporation Name
MED WORLD, INC.



Principal Place of Business 0000 0 OCEAN DR SUITE 05 HOLLYWOOD FL 33010	Mailing Address 0000 0 OCEAN DR SUITE 05 HOLLYWOOD FL 33010
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 34508 CORTEZ BLD Suite, Apt. #, etc. 22 SUITE A City & State 23 RIDGE MANOR Zip 24 33523 Country	2a. Mailing Address 26 34508 CORTEZ BLD Suite, Apt. #, etc. 27 SUITE A City & State 28 RIDGE MANOR Zip 29 33523 Country
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3. Date Incorporated or Qualified 10/16/1996	3a. Date of Last Report
FEE Number 65-0703202	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CARRAWAY, CAROLYN L 0000 0 OCEAN DR SUITE 05 HOLLYWOOD FL 33010	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number Is Not Acceptable)	34508 CORTEZ BLD
83 SUITE A	
84 City RIDGE MANOR FL	85 Zip Code 33523

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 *Carolyn L. Carraway* DATE 8/19/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRAWAY, CAROLYN L	1.2 NAME	
STREET ADDRESS	33276 OHIO AVE	1.3 STREET ADDRESS	600002288036--7
CITY-ST-ZIP	RIDGE MANOR FL 33525	1.4 CITY-ST-ZIP	-09/09/97--01026--020
TITLE		2.1 TITLE	****165.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 or both, changed, or on an attachment with an address.

SIGNATURE *Carolyn L. Carraway* DATE 8/19/97

CR2E034 (4/97)

2082

MED WORLD INC.
34508 CORTEZ BLVD SUITE A
RIDGE MANOR, FLORIDA 33523

Tel. (352) 583-0016

Fax. (352) 583-0040

August 8th, 1997

Division of Corporations
ATTN: ANNUAL REPORTS
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

We are enclosing a payment of \$ 165.00 to reinstate our corporation because due to a change of address we never received the first notice. If we would have received the initial reinstatement; it would have been paid.

We ask that you please waive this late fee of \$ 550.00 because of this error which was not our fault.

If you should have any questions you may reach us at this office.

Thank You,

Carolyn Carraway / President

Carolyn Carraway
President
MED WORLD INC.