## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000004806 (0) DOCUMENT #

## **FILED** May 13 1998 8:00am Secretary of State

MEDAL	LION COMMUNITIES, INC.								
Principal Place	e of Business	Mailing Addi	168 <b>S</b>			,		1 WIDDI (BINI BE	11 <b>4 B</b> 111 1 <b>94</b> 1
3450 NORTHLAKE BLVD 3450 NORTHLAKE BLVD									
SUITE 211 SUITE 211							DO NOT UNITE IN THIS	PRACE	
LAKE PARK FL 33403 LAKE PARK FL 33403							DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified 01/15/1997		
2. Principal P	lace of Business	2a. Mailing A	ddress				4. FEI Number		oplied For
21		26					65-0757710		ot Applicable
	Sulte, Apt. #, etc.						5, Certificate of Status Desired	•	Additional
22	City & State City & State								equired
City & State	θ	ate				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip	Country 7:p			Country			Trust Fund Contribution  8. This corporation owes or has paid the cur		
	— ·	29	-	10	·· y				Z No
24	25 9. Name and Address of Curren			, <u>,,,</u>			10. Name and Address of New Registered		7
O'BRIEN, CHRISTOPHER J					1 N	ame			
3450 NORTHLAKE BLVD					2 St	root Andres	ss (P.O. Box Number is Not Acceptable)		
SUITE 211				le	) SI	reet Addres	ss (F.O. BOX NUMBER IS NOT ACCEPTABLE)		
LAKE PARK FL 33403				8	3				
					4 0	h		OE 7in	Code
				1	4 C	•	FL	.     `	
11, Pursuant	to the provisions of Sections 607.050	2 and 607, 1508, F	lorida Statutes	, the abo	ve-na	med corpo	oration submits this statement for the purpose of in's board of directors. I hereby accept the app	changing i	ts registered
office or r	registe <del>red agent, or both, in the State</del> and tamilia with and rescott the obliga	ol Florida, Such d aveca el Section l	change was au 607 <b>1</b> 0505, Flor	rthorized ida Statul	by the los.	corporatio	on's board of directors. I hereby accept the app	ointment as	registered
<b>}</b>		ICA-							
SIGNATURE	Signature, typed or printed name of registered age	ot and tille if applicable	(NOTE:	Registered A	Agent sig	nature required	d when reinstating) DATE		F
12.	OFFICERS AN		7"	13.			ADDITIONS/CHANGES TO OFFICERS AND	_	RS IN 12
TITLE	O'BRIEN, CHRISTOPHER J 3450 NORTHLAKE BLVD STE 211			1.1 TITU		0	reader, President, Soc-	L Change	Magnon 3
NAME					-		pristable I. O. Brion	H211	
STREET ADDRESS							so workhake Bouleword	*1 #2 47	زا
CITY-ST-ZIP	LAKE PARK FL 33403		Decem		-ST-ZII		ake Fork F633403	Change	Addition C
TITLE	D1182 101			2.1 TITL			mactor .	C Crange	E Addition
NAME	Harry S. Hamil	.ton		2.2 NAM			farry Hamilton		
STREET ADDRESS	Harry S. Hamilton 800 N Plagier Drive FL 33401				2.3 STREET ADDRESS 2.4 CHY-ST-ZIP		600 N'. Flagler Drive West Palm Booch 1	2/ 33	3 40/
CITY-ST-ZIP	WEST Fally B	,	DELETE	2 4 CH		·			Addition
TITLE	Gerard Arsen		_ DELETE	3.1 IIIL		_	erard ArsenaulTT		
NAME OVOCET ADDDCCC	800 N. Flogler	Dave		3.3 STRI			100 N. Flagler Drive		
STREET ADORESS	west Palm B	made El	2340				west Palm Beach	FL3	3401
CITY-ST-ZIP TITLE	Weel TOUR B	each Fi	DELETE	4 1 THL		r		Change	☐ Addition
NAME				4. 2 NA					
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CITY-ST-ZIP TITLE			DELETE	5.1 TITL		<u> </u>		Change	Addition
NAME		_		5.2 NAM					
STREET ADDRESS				5.3 STR		RESS			
CITY-ST-ZIP				5.4 CITY		l l			1
TITLE		Ī.	DELETE	6.1 TITL				Change	Addition
NAME		•		6.2 NAM					
STREET ADDRESS				6.3 STR		RESS			
SINTEL MODULOS				0.0011					
CITY-ST-ZIP				6.4 CITY	( - ST - 70	P			

14. I 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 informatio indicated on this annual report or supplicemental 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 intrase-empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes of an an attachment with an address.

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