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Mar 25, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000063932

1. Corporation Name
MED-MARKETRONICS, INC.

Principal Place
200 E. ROBINSON
ORLANDO FL 32

Principal Address
200 E. ROBINSON STREET SUITE 500
ORLANDO FL 32801

2. Principal Place

21 Suite, Apt.

23 City & State

24 Zip Country

Mailing Address

Suite, Apt., etc.

28 City & State

29 Zip Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/21/1998

4. FEI Number

59-2525404

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

FLORIDA CORPORATE SUPPORT, INC.
200 E. ROBINSON STREET SUITE 500
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME APONTE, FELIX
STREET ADDRESS 14147 RIDGE CREEK COURT
CITY-ST-ZIP ORLANDO FL 32824

TITLE D
NAME APONTE, DILSIA
STREET ADDRESS 14147 RIDGE CREEK COURT
CITY-ST-ZIP ORLANDO FL 32824

TITLE D
NAME APONTE, DEBRA
STREET ADDRESS 14147 RIDGE CREEK COURT
CITY-ST-ZIP ORLANDO FL 32824

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE V/D
2.2 NAME
2.3 STREET ADDRESS

3.1 TITLE S/D
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:  REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/99

Date

407-859-4859

Daytime Phone #

CR2E034-111/99A