


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

**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90037 025 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000072498**

1. Corporation Name  
**M.D. 98, INC.**

Principal Place of Business <b>730 BAYFRONT PARKWAY                  SUITE 4B                  PENSACOLA FL 32501</b>	Mailing Address <b>730 BAYFRONT PARKWAY                  SUITE 4B                  PENSACOLA FL 32501</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>5160 Yesteroaks Circle</b> Suite, Apt. #, etc. 22 City & State 23 <b>Pensacola, FL</b> Zip Country 24 <b>32504</b> 25 <b>US</b>	2a. Mailing Address 26 <b>5160 Yesteroaks Circle</b> Suite, Apt. #, etc. 27 City & State 28 <b>Pensacola, FL</b> Zip Country 29 <b>32504</b> 30 <b>US</b>
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3. Date Incorporated or Qualified <b>08/17/1998</b>	4. FEI Number <b>59-3529539</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**REVES, JAMES J  
 730 BAYFRONT PARKWAY  
 SUITE 4B  
 PENSACOLA FL 32501**

10. Name and Address of New Registered Agent

81 Name <b>James J. Reeves</b>
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CRITTENDEN, JOHN J</b>
STREET ADDRESS	<b>5160 YESTEROAKS CIRCLE</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32504</b>
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Casey, David T.</b>
3.3 STREET ADDRESS	<b>1717 N. "E" Street, Suite 424</b>
3.4 CITY-ST-ZIP	<b>Pensacola, FL 32501</b>
4.1 TITLE	<b>ST</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Spear, Carl H.</b>
4.3 STREET ADDRESS	<b>8457 Navarre Parkway; Suite B</b>
4.4 CITY-ST-ZIP	<b>Navarre, FL 32566</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]* **John J. Crittenden** 2-4-99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)