

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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90236 001 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000096863 OK

1. Corporation Name
MEDI-DATA CARDS INC.



Principal Place of Business Mailing Address
745 PINELLAS BAYWAY SUITE #210 745 PINELLAS BAYWAY SUITE #210
TIERRA VERDE FL 33715 TIERRA VERDE FL 33715

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 745 Pinellas Bayway		26 745 Pinellas Bayway		11/13/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 # 210		27 # 210		59-3562827	
City & State		City & State		Applied For	
23 Tierra Verde, FL		28 Tierra Verde, FL		Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired	
24 33715 25 USA		29 33715 30 USA		<input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent				6. Election Campaign Financing Trust Fund Contribution	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
10. Name and Address of New Registered Agent				8. This corporation owes the current year intangible Personal Property Tax.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

LEHR, GREG
745 PINELLAS BAYWAY SUITE #210
TIERRA VERDE FL 33715

81 Name Greg Lehr
82 Street Address (P.O. Box: Number is Not Acceptable) 745 Pinellas Bayway
83 Suite 210
84 City Tierra Verde FL 85 Zip Code 33715

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. (address change only)

SIGNATURE

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

(NO FE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	DAU GARRETT
STREET ADDRESS		1.3 STREET ADDRESS	745 Pinellas Bayway #210
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Tierra Verde, FL 33715 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Greg Lehr
STREET ADDRESS		3.3 STREET ADDRESS	745 Pinellas Bayway #210
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Tierra Verde FL 33715 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 AND TYPED, OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-10-99 800-471-3695

CR2E034 (1/98)