FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S99005

1. Corporation Name
MedRep Medical Inc.

Principal Place of Business: 12926 SW 132nd Ct
Mailing Address: 12926 SW 130 Ct Miami, Fl 33186

2. Principal Place of Business	2a. Mailing Address
21 12926 SW 132 Ct	26 12926 SW 132 Ct
Suite, Apt #, etc 22 N/A	Suite, Apt #, etc 27 N/A
City & State 23 Miami, Fl	City & State 28 Miami, Fl
Zip 24 33186 / Country 25 USA	Zip 29 33186 / Country 30 USA

3. Date Incorporated or Qualified: Dec. 1991
3a. Date of Last Report:
4. FEI Number: 65-0300600 [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

~~MedRep Med. Inc~~
~~12926 SW 132 Ct~~
~~Miami, Fl. 33186~~
William G. Golik
13321 SW 100 Ct
Miami, Fla
33176

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

N/A

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: ~~B. Golik~~, William J Golik   DATE 2/14/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President / Owner [ ] DELETE	1.1 TITLE	[ ] Change [ ] Addition
NAME	William George Golik	1.2 NAME	
STREET ADDRESS	13321 SW. 100 CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl. 33176	1.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	2.1 TITLE	[ ] Change [ ] Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	3.1 TITLE	[ ] Change [ ] Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition 300001772383 -04/08/96--01044--033 ***200.00
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition 2 4.8
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: ~~B. Golik~~, William J Golik   2/14/96   238-1499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #
WILLIAM G. GOLIK

CR2E034 (12/95)