

**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 # **L34498** (0)

1. Corporation Name  
**MHD, INC.**



Principal Place of Business

Mailing Address

**% HARRY DRAGONAS  
3032 JOHNSON STREET  
HOLLYWOOD FL 33021**

**% HARRY DRAGONAS  
3032 JOHNSON STREET  
HOLLYWOOD FL 33021**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
**12/07/1989**

3a. Date of Last Report  
**04/28/1995**

4. FEI Number  
**65-0161571**

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

10. Name and Address of New Registered Agent

**DRAGONAS, MARY  
3032 JOHNSON STREET  
HOLLYWOOD FL 33021**

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's signature required when re-registering.)

(X1)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **SECT**  DELETE  
NAME: **DRAGONAS, BAUER K**  
STREET ADDRESS: **3318 GARFIELD STREET**  
CITY-ST-ZIP: **HOLLYWOOD FL**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE: **PVPT**  DELETE  
NAME: **DRAGONAS, MARY**  
STREET ADDRESS: **3318 GARFIELD STREET**  
CITY-ST-ZIP: **HOLLYWOOD FL**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE: **SO**  DELETE  
NAME: **DRAGONAS, KAY H.**  
STREET ADDRESS: **3318 GARFIELD STREET**  
CITY-ST-ZIP: **HOLLYWOOD FL**

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE: **TD**  DELETE  
NAME: **RUSH, EMMA G.**  
STREET ADDRESS: **3318 GARFIELD STREET**  
CITY-ST-ZIP: **HOLLYWOOD FL**

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

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

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

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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: **MARY DRAGONAS** *Mary Dragonas* PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

**4-27-1996** 305-981-8282

Date

Daytime Phone #

CR2E034 (12/95)