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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90042 049 ***150.00

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1. Corporation Name

MDM, INC.

14(0)41; 114	0.					
Principal Place	of Business	Mailing Address		T ((A A III A A I A I A I A I A I A I A	1888	
716 21ST STRE	ET .	716 21ST STREET				
VERO BEACH F		VERO BEACH FL 32960		DO NOT WRITE IN THIS	SPACE	
				3. Date Incorporated or Qualifed	7	
				09/22/1995		
2 Principal Pi	ace of Business	2a, Mailing Address		4. FEI Number	Applied For	
21	acc c, 525,11005	26		65-0610402	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Int		
24	25	29 3	0	Personal Property Tax.	Yes No	
	9. Name and Address of Current	t Registered Agent	81 Name	10. Name and Address of New Registered	Agent	
CLE	NN CEODCE'A		81 Name			
	NN, GEORGE A 5 20TH STREET		82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
	D BEACH FL 32960		02			
VER	D BEACH FL 32900		83		_	
			84 City	FL	85 Zip Code	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	the above-named corp	poration submits this statement for the purpose of	changing its registered	
office or re	egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was auti	horized by the corporate	on's board of directors. I hereby accept the appoint	ntment as registered	
SIGNATURE	·		egistered Agent signature require	od when reinstating) DATE		_
	Signature, typed or printed name of registered agen OFFICERS AN	<u>::</u>	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12	CR2E034 (11/98)
12.	D OFFICERS AN	□ DELETE	1.1 TITLE	ADDITIONO/OF WINDED TO OFF TOLING	☐ Change ☐ Addition	-
NAME	BARHAM, MICHAEL	_	1,2 NAME			<u>4</u>
STREET ADDRESS	716 21ST STREET	~ .	1.3 STREET ADDRESS			503
1	VERO BEACH FL 32960		1.4 CITY-ST-ZIP			325
CITY-ST-ZIP :	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	Ö
NAME	DELUCA, DANIEL	_	2.2 NAME			_
STREET ADDRESS	716 21ST STREET		2.3 STREET ADDRESS			
	VERO BEACH FL 32960		2, 4 CITY-ST-ZIP			
CITY-ST-ZIP TITUE	O T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME	DELUCA, MARIE		3.2 NAME			
STREET ADDRESS	716 21ST STREET		3.3 STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH FL 32960		3.4. CITY-ST-ZIP			
TITLE	VE.10 DE 101. 12 0000	☐ 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	51 TITLE		☐ Change ☐ Addition	
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 }	
NAME			6.2 NAME			

CMY-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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS