

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**

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

**DOCUMENT # P98000107075**  
 Corporation Name

MDS GROUP PUBLISHING, INC.

**FILED**  
**Jul 12, 1999 8:00 am**  
**Secretary of State**

07-12-1999 90010 010 \*\*\*550.00


 Principal Place of Business  
 BRICKELL AVE. SUITE 1100  
 MI FL 33131

 Mailing Address  
 800 BRICKELL AVE. SUITE 1100  
 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/28/1998

4. FEI Number

65-0893821

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year  
Intangible Personal Property.☐

Yes

☐

No

9. Name and Address of Current Registered Agent

 CORPORATE ACCESS, INC.  
 238 E 6TH AVE  
 TALLAHASSEE FL 32303

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

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 signature required when reinstating)

DATE

## OFFICERS AND DIRECTORS

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

E	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1E	JACKSON, ESTHER		1.2 NAME	
EET ADDRESS	800 BRICKELL AVE, SUITE 1100		1.3 STREET ADDRESS	
/ST-ZIP	MIAMI FL 33131		1.4 CITY-ST-ZIP	
E	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1E	PESATURO, PHYLLIS		2.2 NAME	
EET ADDRESS	800 BRICKELL AVE, SUITE 1100		2.3 STREET ADDRESS	
/ST-ZIP	MIAMI FL 33131		2.4 CITY-ST-ZIP	
E		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1E			3.2 NAME	
EET ADDRESS			3.3 STREET ADDRESS	
/ST-ZIP			3.4 CITY-ST-ZIP	
E		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1E			4.2 NAME	
EET ADDRESS			4.3 STREET ADDRESS	
/ST-ZIP			4.4 CITY-ST-ZIP	
E		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1E			5.2 NAME	
EET ADDRESS			5.3 STREET ADDRESS	
/ST-ZIP			5.4 CITY-ST-ZIP	
E		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1E			6.2 NAME	
EET ADDRESS			6.3 STREET ADDRESS	
/ST-ZIP			6.4 CITY-ST-ZIP	

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 added in Block 12 or Block 13.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/06/99

305/373-3700

Date

Daytime Phone #

CR2E034 (5/99)