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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 354361

1361

MRD INC

(8)

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FILED

Feb 04 1997 8:00am

Secretary of State

Principal Plac	ce of Business	Mailing Ad	Mailing Address				1 LEBLON 15501 KINN NINDO KINED OTCHE TINE OTHER HINN HINN BENT NIND BENT NIND			
1006 S.E. 6TH DEERFIELD B	i street Each Fl 33441		1006 S.E. 6TH STREET DEERFIELD BEACH FL 33441-5927							
							Date Incorporated or Qualified 10/24/1969	3a. Date 01/26		eport
2. Principal F	Place of Business	2a. Mailing 26	Address				4, FEI Number 59-1395299	- 1	1	oplied For of Applicable
Suite, Apt	#, etc		vpt. #, etc.					–		Additional
22		27					5. Certificate of Status Desired		Fee Re	
City & Star	le	City & S	State			,	6. Election Campaign Financing		\$5.00	Mav Be
23		28					Trust Fund Contribution		Added t	to Fees
Zip	Country	Zip	-	Cour	ntry		8. This corporation has liability for it	tangible ta	under s	. 199.032,
24	25] g. Name and Address of Curr	29		30			Florida Statutes 2	Yes 🔲		
TU	OMAS, DONALD	ent negloteled A	Join .		81	Name	10. Hanne and Address of New He	istalan Või	en:	
	06 S.E. 6TH STREET									
	ERFIELD BEACH FL 33441			•	82	Street Addr	ess (P.O. Box Number is Not Acceptab	e)		
	ENFIELD BEAUTITE 33441			la la	83					
				ļ.						
				1	84	City		FL	35 Zip (Code
11, Pursuant	to the provisions of Sections 607.0	502 and 607,1508,	Florida Statute	s, the ab	ove	-named corp	oration submits this statement for the p		anging it	s registered
office or i	registered agent, or both, in the Sta am familiar with, and accept the obl	nte of Florida, Such Vertions of Section	change was a	uthorized	l by	the corporati	oration submits this statement for the p ion's board of directors. I hereby accep	t the appoin	lment as	registered
SIGNATURE		romos	DonA			THOMA.		1/9	197	
SIGNATURE.	Signature, wheat or printed have of registered a	agent and title if applicable					ad when reinstating)	DATE	,,,	
12.		ND DIRECTORS	***************************************	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DI	RECTOR	S IN 12
TITLE	PD		DELETE	11 TITL	LE				Change	Addition
NAME	MITZI CANNADY			1 2 NAM	ME					
STREET ADDRESS	3681 SW BIMINI CIR.			1.3 STA	EET /	ADDRESS				
CITY-ST-Zif*	PALM CITY FL			1.4 Cith	y-st	r-zip				
TITLE	<u>V</u>		DELETE	21 TITL	LE				Change	Addition
NAME	THOMAS, MILDRED			22 NAN	ME	İ				
STREET ADDRESS	1006 S E 6TH STREET			23 STR	REET /	address				
CITY-ST-ZIP	DEERFIELD BEACH FL			2. 4 CIT	Y - \$1	T-ZIP				
TITLE	S POULS	ļ	DELETE	3.1 TITL	LE				Change	Addition
NAME	THOMAS, DONALD			3.2 NAA						
STREET ADDRESS	1006 S E 6TH STREET					ADDRESS	·			
CITY-ST-ZIP	DRREFIELD BEACH FL		DELETE	3.4. CIT		T-ZIP			-	
TITLE			DELETE	4.1 TITL					Change	Addition
NAME OLOGE ABORESE				4. 2 NAI						
STREET ADORESS						ADDRESS				
CITY-ST-ZIP			DELETE	4.4 CITY		T - ZIP			Observe	1 4200
TITLE		ļ	DELETE	5.1 111				L	Change	Addition
NAME				5.2 NAM						
STREET ADDRESS				1		ADDRESS				
CITY-ST-ZIP TITLE	TOTAL PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE		DELETE	5.4 CITY		- ZIP			Charm	A a a a tru a —
		Į.	DELETE	61 TITE				أسا	Change	Addition
NAME STREET ADDRESS		•		6.2 NAM		*DD0102				
						ADDRESS				
CITY - ST - ZIP				6.4 CITY	Y-\$1	- ZIP				

14. I do 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 argual 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 of 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 attaching with an address.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/97

954-427-2922

Daytime Phone i