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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **471699** (9)

1. Corporation Name
MLD, INC.

Principal Place of Business	Mailing Address
2439 DEL LAGO DRIVE FT LAUDERDALE FL 33316	2439 DEL LAGO DRIVE FT LAUDERDALE FL 33316-2301

3. Date Incorporated or Qualified: 03/12/1975
3a. Date of Last Report: 03/14/1996

2. Principal Place of Business
21: 7440 SW 13th ST
Suite, Apt. #, etc. 22:
City & State 23: PLANTATION FL
Zip 24: 33317 Country 25: USA

2a. Mailing Address
26: 7440 SW 13th ST
Suite, Apt. #, etc. 27:
City & State 28: PLANTATION FL
Zip 29: 33317 Country 30: USA

4. FEI Number: 65-0049039 ☐ 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
DERRICKSON, H.L.
2439 DEL LAGO DR.
FT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent
81 Name: H.L. DERRICKSON
82 Street Address (P.O. Box Number is Not Acceptable): 7440 SW 13th ST
83:
84 City: PLANTATION FL 85 Zip Code: 33317

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] H.L. DERRICKSON 3/26/97
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	DERRICKSON, PATRICIA	1.2 NAME	DERRICKSON, PATRICIA
STREET ADDRESS	2439 DEL LAGO DRIVE	1.3 STREET ADDRESS	7440 SW 13TH ST
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	PLANTATION FL 33317
TITLE	VD ☐ DELETE	2.1 TITLE	VD ☐ Change ☐ Addition
NAME	DERRICKSON, H L	2.2 NAME	DERRICKSON H.L.
STREET ADDRESS	2439 DEL LAGO DRIVE	2.3 STREET ADDRESS	7440 SW 13TH ST
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	PLANTATION FL 33317
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
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	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 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: [signature] H.L. DERRICKSON 3/26/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D27822B