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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

M & D GROUP, INC.

FILED Apr 24 1998 8:00am Secretary of State

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17/98

Principal Place of Business Mailing Address									1 (881408 1101 18118 (1818 1811 1811	1181 81811 811	ALL MESSA BININ NAM	III OIOII IEAI	
2241 HOLLYWOOD BLVD HOLLYWOOD FL 33020 2241 HOLLYWOOD FL 33020									DO NOT WRIT	E IN THIS	SPACE		
									 Date Incorporated or Qualified 05/25/1982 				
2. Principal P	Place of Busine	ss	2a.	2a. Mailing Address					4. FEI Number		I Ar	oplied For	
21			26	26					59-2200696		No	ot Applicable	
Suite, Apt.	#, etc.		├	Suite, Apt. #, etc.					5. Certificate of Status Desired		.	Additional	
City & State	ne			City & State					A 50-00-00-00-00-00-00-00-00-00-00-00-00-0		4	equired	
23	.0		28	 					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country			Zip Coo			,	Ì	8. This corporation owes or has paid the current year Intangible				
24	25 29				30	Personal Property Tax due June 30.				Yes [] No		
	9. Name s	nd Address of Curr	ent Registe	ered Agent					10. Name and Address of New R	egistered	Agent		
WI	EINBERG, MA	ARSHALL A				81 Name							
2241 HOLLYWOOD BLVD						82	82 Street Address (P.O. Box Number is Not Acceptable)						
HOLLYWOOD FL 33020									· ·		-		
						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 signature requ										DATE			
12.		OFFICERS A	ND DIRECT			13.			ADDITIONS/CHANGES TO OFF	ICERS AN			
TITLE	WEINBER	96 M A		☐ DE		1.1 TITLE		f			Change	Addition	
NAME		LLYWOOD BLVD				1.2 NAME		1				1	
STREET ADDRESS		OOD, FL 00000				1.3 STREET						1	
CITY-ST-ZIP	VPD	OOD, 1 L 00000		DEI		1.4 CITY - S	ST-ZIP	-			Change	- I Addition	
TITLE	LYNN, D	OLIOLAS				2.1 TITLE					L Change	Addition	
NAME		LLYWOOD BLVD				2.2 NAME							
STREET ADDRESS	HOLLYW					2.3 STREET							
CITY-ST-ZIP	11000141			☐ DĒI		2.4 CITY-1	ST-ZIP	 	leve above		Change	Addition	
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NAME		. '				4. 2 NAME					onange	C. J Address I	
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STREET ADDRESS CITY-ST-ZIP						4.3 STREET 4.4 CITY - S							
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TITLE	· · · · · · · · · · · · · · · · · · ·			☐ DEI		6.1 TITLE	. 411	† ····			Change	Addition	
NAME						6.2 NAME							
STREET ADDRESS					\	6.3 STREET	ADDRESS						
CITY-ST-ZIP				/ .	1	6.4 CITY-S							
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does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information port is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an lea empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in I hereby certify that the information supplied with this fill indicated on this annual report or supplier hatal annual officer or director of the corporation or the recoiper or Block 12 or Block 13 if changed, or on an analysis of the corporation or the recoiper or the block 12 or Block 13 if changed, or on an analysis of the corporation of the corporat

SIGNATURE: