

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G89733 (1)**
1. Corporation Name
M & D, INC.



Principal Place of Business: **% R.S. DHILLON 847 ASHBROOKE CT ORLANDO FL 32746 US**
Mailing Address: **% R.S. DHILLON 847 ASHBROOKE CT ORLANDO FL 32746 US**

3. Date Incorporated or Qualified: **03/09/1984** 3a. Date of Last Report: **03/22/1995**
4. FEI Number: **59-2463217** 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

2. Principal Place of Business: 21. Suite, Apt. #, etc.: 22. City & State: **Lake Mary FL** 23. Zip: 24. Country: 25. Mailing Address: 26. Suite, Apt. #, etc.: 27. City & State: **Lake Mary FL** 28. Zip: 29. Country: 30.

9. Name and Address of Current Registered Agent: **DHILLON, R.S. 847 ASHBROOKE CT WEMBLEY PARK ORLANDO FL 32746 Lake Mary**

10. Name and Address of New Registered Agent: 81. Name: 82. Street Address (P.O. Box Number is Not Acceptable): 83. City: 84. Zip Code: **FL** 85.

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: *R.S. Dhillon* **R.S. DHILLON SECRETARY** DATE: **6/20/96**

12. OFFICERS AND DIRECTORS	
TITLE	S <input type="checkbox"/> DELETE
NAME	DHILLON, R.S.
STREET ADDRESS	847 ASHBROOKE CT
CITY - ST - ZIP	ORLANDO FL
TITLE	DP <input type="checkbox"/> DELETE
NAME	DHILLON, B.S.
STREET ADDRESS	847 ASHBROOKE CT
CITY - ST - ZIP	ORLANDO FL
TITLE	DVT <input type="checkbox"/> DELETE
NAME	MEHAT, M. S.
STREET ADDRESS	847 ASHBROOKE CT
CITY - ST - ZIP	ORLANDO FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	Lake Mary, FL 32746
5. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	Lake Mary, FL 32746
9. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	Lake Mary, FL 32746
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *R.S. Dhillon* **R.S. DHILLON SECRETARY** DATE: **6/20/96**

CR2E034 (12/95)