

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

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May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J09025** (4)

1. Corporation Name
M. D. & P. ENTERPRISES OF ORLANDO, INC.



Principal Place of Business H2O DEPOT 431-N GASTON FOSTER RD ORLANDO FL 32807	Mailing Address H2O DEPOT 431-N GASTON FOSTER RD ORLANDO FL 32807-1233
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3. Date Incorporated or Qualified 04/06/1986	3a. Date of Last Report 08/28/1996
4. FEI Number 59-2663523	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

9. Name and Address of Current Registered Agent MCKEE, KENT W. 1111 VIRGINIA DR ORLANDO FL 32803	10. Name and Address of New Registered Agent 81 Name Matthew A. Taravella 82 Street Address (P.O. Box Number is Not Acceptable) 431-N Gaston Foster Road 83 84 City Orlando FL 85 Zip Code 32807
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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 *Matthew A. Taravella* **Matthew A. Taravella** **4-29-97**
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DVP	NAME MCKEE, KENT W.	1.1 TITLE President	1.2 NAME Matthew A. Taravella
STREET ADDRESS 1423 HAVEN DR	CITY-ST-ZIP ORLANDO FL	1.3 STREET ADDRESS 431-N Gaston Foster Road	1.4 CITY-ST-ZIP Orlando, FL. 32807
TITLE DP	NAME DUVALL, RONALD R.	2.1 TITLE Vice President	2.2 NAME Matthew A. Taravella
STREET ADDRESS 1111 VIRGINIA DR.	CITY-ST-ZIP ORLANDO FL	2.3 STREET ADDRESS 431-N Gaston Foster Road	2.4 CITY-ST-ZIP Orlando, FL. 32807
TITLE DS	NAME PULA, ED S.	3.1 TITLE	3.2 NAME
STREET ADDRESS 1111 VIRGINIA DR.	CITY-ST-ZIP ORLANDO FL	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-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 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: *Matthew A. Taravella* **Matthew A. Taravella** **4-29-97** **407.306.8700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)