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FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J14830 (0)

1. Corporation Name
MDS INVESTMENTS, INC.



Principal Place of Business
1799 7TH AVENUE N.
LAKE WORTH FL 33461

Mailing Address
1799 7TH AVENUE N.
LAKE WORTH FL 33461-3850

3. Date Incorporated or Qualified 05/19/1986
3a. Date of Last Report 04/25/1996

2. Principal Place of Business
21 55 EDINBURGH DR.
Suite, Apt. #, etc.

2a. Mailing Address
26 55 EDINBURGH DR.
Suite, Apt. #, etc.

4. FEI Number 59-2679645
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 PALM BEACH GARDENS
City & State

28 PALM BEACH GARDENS
City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 33418 25 PALM BCH 29 33418 30 PALM BCH
Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JAFFE, DENNIS J.
1799 7TH AVENUE N.
LAKE WORTH FL 33461

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 55 EDINBURGH DRIVE
84 PALM BEACH GARDENS FL 85 Zip Code 33418

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]* (NOTE: Registered Agent signature required when reinstating) DATE 4/17/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	JAFFE, DENNIS J.	
STREET ADDRESS	55 EDINBURGH DRIVE	
CITY - ST - ZIP	PALM BEACH GARDENS FL 33418	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	JAFFE, ILONA T.	
STREET ADDRESS	55 EDINBURGH DR.	
CITY - ST - ZIP	PALM BEACH GARDENS FL 33418	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	JAFFE, MARK	
STREET ADDRESS	617 BROADWAY AVE.	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/97

Date

Daytime Phone #

CR2E034 (9/96)