

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

FILED

Apr 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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 Mailing Address
55 EDINBURGH DR 55 EDINBURGH DR
PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418
US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 15730 CEDAR GROVE LN		26 SAME AS 2		05/19/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2679645	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 WELLINGTON FL		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 33414		29		9. Name and Address of Current Registered Agent	
Country		Country		10. Name and Address of New Registered Agent	
25 PBCH		30		81 Name	
8. Name and Address of Current Registered Agent		82 Street Address (P.O. Box Number is Not Acceptable)		83	
JAFTE, DENNIS J.		15730 CEDAR GROVE LANE		84	
55 EDINBURGH DR		WELLINGTON FL		85 Zip Code	
PALM BEACH GARDENS FL 33418		33414			

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 required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JAFTE, DENNIS J.			1.2 NAME			
STREET ADDRESS	55 EDINBURGH DRIVE			1.3 STREET ADDRESS	15730 CEDAR GROVE LN		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418			1.4 CITY-ST-ZIP	WELLINGTON FL 33414		
TITLE	DS	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JAFTE, ILONA T.			2.2 NAME			
STREET ADDRESS	55 EDINBURGH DR.			2.3 STREET ADDRESS	15730 CEDAR GROVE LN		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418			2.4 CITY-ST-ZIP	WELLINGTON FL 33414		
TITLE	DV	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JAFTE, MARK			3.2 NAME			
STREET ADDRESS	617 BROADWAY AVE.			3.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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.

CR2E034 (10/97)