SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # J74854 (7)

1. Corporation Name

MDSB, INC.

Principal Place of Business	Mailing Address
% VIRGINIA ERDMAN 2701 E SUNRISE BLVD #103 FT. LAUDERDALE FL 33304	% VIRGINIA ERDMAN 2701 E SUNRISE BLVD #103 FT. LAUDERDALE FL 33304

3. Date Incorporated or Qualified: **05/28/1987**
3a. Date of Last Report: **08/24/1995**
4. FEI Number: **65-0002284** ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ERDMAN, VIRGINIA
2701 E SUNRISE BLVD #103
FT. LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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 ______ (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ERDMAN, VIRGINIA		1.2 NAME	
STREET ADDRESS	2523 BARBARA DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WOLC, LYNNETTE		2.2 NAME	
STREET ADDRESS	4827 MANGET CT		2.3 STREET ADDRESS	
CITY-ST-ZIP	DUNWOODY GA		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	ERDMAN, CARRIE		3.2 NAME	
STREET ADDRESS	5821 SW 54 TERR.		3.3 STREET ADDRESS	510 SW 8th Street
CITY-ST-ZIP	DAVIE FL		3.4 CITY-ST-ZIP	Fort Lauderdale, FL 33315
TITLE	V	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WOLC, JESSE		4.2 NAME	
STREET ADDRESS	4827 MANGET CT.		4.3 STREET ADDRESS	
CITY-ST-ZIP	DUNWOODY GA		4.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ERDMAN, JAMES		5.2 NAME	
STREET ADDRESS	2523 BARBARA DR.		5.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Virginia Erdman, Pres. July 30, 1996 (954) 564 6394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)