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May 02 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 # J74854

(7)

1. Corporation Name  
MDSB, INC.

Principal Place of Business

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

Mailing Address

% VIRGINIA ERDMAN  
2701 E SUNRISE BLVD #103  
FT. LAUDERDALE FL 33304-3201

3. Date Incorporated or Qualified 05/28/1987	3a. Date of Last Report 08/02/1996
4. FEI Number 65-0002284	Applied For 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

28 Zip

30 Country

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	ERDMAN, VIRGINIA	
STREET ADDRESS	2523 BARBARA DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	WOLC, LYNNETTE	
STREET ADDRESS	4827 MANGET CT	
CITY-ST-ZIP	DUNWOODY GA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ERDMAN, CARRIE	
STREET ADDRESS	510 SW 8TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WOLC, JESSE	
STREET ADDRESS	4827 MANGET CT.	
CITY-ST-ZIP	DUNWOODY GA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ERDMAN, JAMES	
STREET ADDRESS	2523 BARBARA DR.	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 if changed, or on an attachment with an address.

SIGNATURE: *Virginia Erdman* V. ERDMAN Pres 4/26/97 (354)564-6394  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)