

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90198 040 ***150.00

DOCUMENT # J74854

1. Corporation Name
MDSB, INC.

Principal Place of Business
2715 E SUNRISE BLVD
FT. LAUDERDALE FL 33304
US

Mailing Address
2715 E SUNRISE BLVD
FT. LAUDERDALE FL 33304
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/28/1987

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 owes the current year intangible

Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 2400 E. LAS OLAS BLVD 26 2400 E. LAS OLAS BLVD

Suite Apt. #, etc.

Suite Apt. #, etc.

22 E

27 E

City & State

City & State

23 FORT LAUDERDALE, FL

28 FORT LAUDERDALE, FLORIDA

Zip

Country

Zip

Country

24 33301

25 BROWARD

29 33301

30 BROWARD

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ERDMAN, VIRGINIA
2715 E SUNRISE BLVD
FT. LAUDERDALE FL 33304

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2400 E. LAS OLAS BLVD

83

84 City

FORT LAUDERDALE

FL

85 Zip Code

33301

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
NAME ERDMAN, VIRGINIA
STREET ADDRESS 2523 BARBARA DRIVE
CITY-ST-ZIP FT. LAUDERDALE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DV
NAME WOLC, LYNNETTE
STREET ADDRESS 4827 MANGET CT
CITY-ST-ZIP DUNWOODY GA

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE S
NAME ERDMAN, CARRIE
STREET ADDRESS 510 SW 8TH STREET
CITY-ST-ZIP FORT LAUDERDALE FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE V
NAME WOLC, JESSE
STREET ADDRESS 4827 MANGET CT.
CITY-ST-ZIP DUNWOODY GA

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE V
NAME ERDMAN, JAMES
STREET ADDRESS 2523 BARBARA DR.
CITY-ST-ZIP FT. LAUDERDALE FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE Virginia Erdman VIRGINIA ERDMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/99 (954) 564 6394
Date Daytime Phone #

CR2E034 (11/98)

0286588