

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

FILED

Jan 21 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 # K68475 (8)

1. Corporation Name  
MDSA CORP.

Principal Place of Business  
CENTER CREST  
713 CENTER CREST BLVD.  
DAVENPORT FL 33837  
US

Mailing Address  
713 CENTER CREST BLVD  
DAVENPORT FL 33837-7115  
US



3. Date Incorporated or Qualified 02/27/1989  
3a. Date of Last Report 04/17/1996

2. Principal Place of Business

21 713 Center Crest Blvd 26 713 Center Crest Blvd

Suite, Apt. #, etc

Suite, Apt. #, etc

22 City & State Davenport

27 City & State

23 Zip 33837 25 Country Polk

28 Zip 33837 30 Country Polk

4. FEI Number 59-2933876  
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAGER, THEODOR J.

~~256 LOMA DRIVE~~  
WINTER HAVEN FL 33881

81 Name SAGER Theodor J

82 Street Address (P.O. Box Number is Not Acceptable)  
713 Center Crest Blvd

83

84 City Davenport FL 85 Zip Code 33837

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 of registered agent or officer, director, and title, applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-15-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME SAGER, THEODOR J.  
STREET ADDRESS 713 CENTER CREST BLVD  
CITY - ST - ZIP WINTER HAVEN FL

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

TITLE D  
NAME SAGER, ANNALIESE E.  
STREET ADDRESS 713 CENTER CREST BLVD  
CITY - ST - ZIP DAVENPORT FL

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0393554

CR2E034 (9/96)

941 422 83 96

1-15-97