

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # L55690 (6)
1. Corporation Name
MDC INVESTMENTS, INC.

FILED
95 JUL 28 PM 1:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
**3703 NW 82ND AVE.
CORAL SPRINGS FL 33065**

Mailing Address
**9861 W. SAMPLE RD
#161
CORAL SPRINGS FL 33065
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/08/1990		3a. Date of Last Report 04/12/1994	
4. FEI Number 65-1017796		Applied For <input type="checkbox"/> 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 type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25				2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30				5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
9. Name and Address of Current Registered Agent DECORTE, MICHAEL 3703 N.W. 82ND AVENUE CORAL SPRINGS FL 33065				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL											

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 filed applicant) (NOTE: Registered Agent signature required when instituting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, DELETIONS, ETC., TO OFFICERS AND DIRECTORS	
TITLE PD	NAME DECORTE, MICHAEL	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3703 NW 82ND AVENUE		1.2 NAME	
CITY, ST, ZIP FT. LAUDERDALE FL		1.3 STREET ADDRESS	
TITLE V	NAME MAVIS, BARCLAY	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 5621 SW 39TH ST		2.2 NAME	
CITY, ST, ZIP HOLLYWOOD FL		2.3 STREET ADDRESS	
TITLE S	NAME DECORTE, ANTOINETTE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3703 NW 82ND AVE		3.2 NAME	
CITY, ST, ZIP FT LAUDERDALE FL		3.3 STREET ADDRESS	
TITLE T	NAME MOSKAL, ROBERT	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2841 N. OCEAN BLVD. #809		4.2 NAME	
CITY, ST, ZIP FT. LAUDERDALE FL		4.3 STREET ADDRESS	
TITLE	NAME	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		5.2 NAME	
CITY, ST, ZIP		5.3 STREET ADDRESS	
TITLE	NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		6.2 NAME	
CITY, ST, ZIP		6.3 STREET ADDRESS	
		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)(b), 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 or changes or on an addition with an address.

SIGNATURE: *Michael De Corte* **PRESIDENT 7-24-95** 305 7536181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICHAEL DE CORTE PRESIDENT

CR2E034 (3/95)