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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # L99788

(6)

MDC SERVICES CORP.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

TITLE

FILED Apr 29 1997 8:00am Secretary of State

Change

Change

Change

☐ Addition

Addition

Addition

Principal Place 715 FRANKUN ORLANDO FL		Mailing Address 715 FRANKLIN LANE ORLANDO FL 32801-3623	NN AND AND AND AND AND AND AND AND AND A		
				3. Date Incorporated or Qualified 09/14/1990	3a. Date of Last Report 08/02/1996
	Place of Business	2a. Mailing Address	ercouse Cx.	4. FEI Number	Applied For
		26 204 Time	ercove ck.	59-3030103	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	wood FL	28 Longueros	FL.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 32	Country	210 29 32 77 9 3	Country 0 US A	8. This corporation has liability for in	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
ORLANDO FL 32801 83 84 Cit				dress (P.O. Box Numbor is Not Acceptable of Timber Cove	FL 85 Zip Code 32-779
11. Pursuant to the provisions of Sections 607.0502 and 607.1508 it iorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agont, or both in the State of Iorida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and account the divigations of Section 607.0505 i forida statutes.					
SIGNATURE Stephend visited or provided an provided an provided and provided an arranged title of epiphicatals (NOTI. Hegistereo Agent signature required when reinstating) DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	DATE EDS AND DIDECTORS IN 12
TITLE	PD	DELETE	1.1 1/11/6	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	CALHOUN, MICHAEL D.		1.2 NAME		LLI Villary LLI ROUMON
STREET ADDRESS	715 FRANKLIN LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32801		1.4 CITY- ST- ZIP	•	
TITLE	8	DELETE	2 1 TITLE		Change Addition
NAME	CALHOUN, DAVID L		2.2 NAME		
STREET ADDRESS	715 FRANKLIN LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32801		2 4 CITY-ST-ZIP	•	
TITLE		DELETE	31 TITLE		Change Addition
NAME			3.2 NAME		
STREET ANDRESS			22 CIDECT ADDOLCC		

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 offect as if made under eath; that I am an officer or director of this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

3 4. CITY - ST - ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY - ST - ZIP

4.1 TOLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELFTE