SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

APPROVED AND FILED
96 JUL 26 AM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P13795 (0)

1. Corporation Name

M.D.F. INVESTMENTS, INC.

Principal Place of Business

C/O RONALD COHEN MANAGEMENT COMPANY
6500 ROCK SPRING DRIVE, SUITE 302
BETHESDA MD 20817

Mailing Address

C/O RONALD COHEN MANAGEMENT COMPANY
6500 ROCK SPRING DRIVE, SUITE 302
BETHESDA MD 20817

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt #, etc
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified: 03/27/1987
3a. Date of Last Report: 03/09/1995
4. FEI Number: 52-1838725 ☐ 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

~~[illegible]~~
EDWIN F. BLANTON
825 THOMASVILLE ROAD
TALLAHASSEE, FL 32303

10. Name and Address of New Registered Agent

81 Name: EDWIN F. BLANTON
82 Street Address (P.O. Box Number is Not Acceptable): 825 THOMASVILLE ROAD
83
84 City: TALLAHASSEE FL 85 Zip Code: 32303

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 6070505, Florida Statutes.

SIGNATURE: [signature] DATE: July 16, 1996
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PTD	☐ DELETE
NAME	COHEN, RONALD J.	
STREET ADDRESS	6500 ROCK SPRING DR S302	
CITY-ST-ZIP	BETHESDA MD	
TITLE	VD	☐ DELETE
NAME	COHEN, ALAN D	
STREET ADDRESS	6500 ROCK SPRING DR, #302	
CITY-ST-ZIP	BETHESDA MD	
TITLE	S	☐ DELETE
NAME	HOLLANDER, MICHAEL P	
STREET ADDRESS	6500 ROCK SPRING DR,#302	
CITY-ST-ZIP	BETHESDA MD	
TITLE	D	☐ DELETE
NAME	COHEN, SUE-ANN	
STREET ADDRESS	6500 ROCK SPRING DR, #302	
CITY-ST-ZIP	BETHESDA MD	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

Bank deposit $233.75

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael P. Hollander 6/13/96 301-596-6469
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MICHAEL P. HOLLANDER - SECY

CR2E034 (3/96)

0183602 FP