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

DOCUMENT # P27568 1. Corporation Name

M.D. SA	ss investors services	3, INC.						
Principal Plac 1185 AVENUE (NEW YORK NY US	OF THE AMERICAS	Mailing Address 4435 OLD WINTER GARDE ORLANDO FL 32802 US	85 old winter garden road Hando Fl 32802			DO NOT WRITE IN THIS		
						3. Date Incorporated or Qualifed 01/04/1990		
2. Principal P	lace of Business	2a. Mailing Address 26				4. FEI Number 13-2703405		Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		Additional Required
City & Stat	е	City & State				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip 24	Country 25	Zip 29	Cour 30	ntry		 This corporation owes the current year In Personal Property Tax. 	☐ Yes	□No
	9. Name and Address of Curr	ent Registered Agent		04		10. Name and Address of New Registered	Agent	
VI C	CORPORATE SERVICES, INC.			81	Name			
	OLD WINTER GARDEN ROAD	l	Ī	82	Street A	Address (P.O. Box Number is Not Acceptable)		
	ANDO FL 32802		83				30 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
							134 13	
				84	City	Fl	85 Zip	Code
office or r	to the provisions of Sections 607.09 registered agent, or both, in the Stat im familiar with, and accept the obliq	e of Florida. Such change was a	authorized	by 1	the corpo	corporation submits this statement for the purpose o oration's board of directors. I hereby accept the appo	l changing it intment as r	is registered registered
SIGNATURE	Signature, typed or printed name of registered at	rent and this if analisable (NOT	E. Pagistered	Acent	t cionatura ca	equired when reinstating) DATE		
12.		AND DIRECTORS	13.	- you	t aignaturo to	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
TITLE	PD	☐ DELETE	1.1 111	LE		* * ;	Change	
NAME	SASS, MARTIN D.		1.2 NA	ME	1	•		
STREET ADDRESS	ASTOR LANE		1.3 STF	REET	ADDRESS			
CITY-ST-ZIP	SANDS POINT NY		1.4 CIT	Y-ST	r-ZIP			
TITLE	VD	☐ DELETE	2.1 TIT	LE			Change	Addition
NAME	LAMLE, HUGH R.		2.2 NA	ME				
STREET ADDRESS			2.3 STF	REET	ADDRESS			
CITY-ST-ZIP	WESTHAMPTON NY		2. 4 CI		T-ZIP		☐ Change	e ☐ Addition
TITLE	VS	☐ DELETE	3.1 TIT		•		change	, Monton
NAME	STONE, FRED M.		3.2 NA					·
STREET ADDRESS	15 KINGSLEY DR. MANALAPAN NJ				ADDRESS			
CITY-ST-ZIP	VT	☐ DELETE	3.4. CIT 4.1 TIT		1-219		. Change	Addition
NAME	WINTER, MARTIN E.	(C) 2	4. 2 NA					
STREET ADDRESS	3 CYPRESS POINT DR				ADDRESS			
CITY-ST-ZIP	PURCHASE NY		4.4 CIT					
TITLE		☐ DELETE	5.1 TIT				Change	Addition
NAME			5.2 NA	ME		art art are a second and a second are a second as a second are a second are a second are a second are a second		
STREET ADDRESS			5.3 STI	REET	ADDRESS			,
CITY-ST-ZIP		•	5.4 CIT	Y-ST	r-ZIP			
TITLE		☐ DELETE	6.1 TIT				☐ Change	Addition
NAME .			6.2 NA					
PERCET ADDRESS	i		6357	REET	ADDRESS			

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.

6.4 CITY-ST-ZIP

SIGNATURE:

IGNING OFFICER OR DIRECTOR

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90026 049 ***150.00