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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

May 05 1997 8:00am

Secretary of State

Change

Addition

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

4060 LAKEWOOD BLVD., 6TH FL

4060 LAKEWOOD BLVE 6TH FLOOR

LONG BEACH CA

DANDRIDGE, PHILLIP B.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

(2)

	MDFC LO	oan coi	RPORATION												
Principal Place of Business					Mailing Address										
4080 LAKEWOOD BLVD P. O. BOX 580 6TH FLOOR LONG BEACH CA 90 LONG BEACH CA 60808 US							1-0580				Date Incorporated or Qualified	90 [Date of Last R	or ort	
US	•										12/11/1990		/01/1996	sport	
2. Principal Place of Business					2a. Mailing Address						4. FEI Number			plied For	
21					26						33-0002162		<u> </u>	t Applicable	
22	Sulte, Apt.	Sulte, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 A		
22	City & State				City & State						6. Election Campaign Financing		\$5.00	May Ro	
23	•			28	28								Added t		
l	Zip	p Country			Zip Cou			ıntry		8. This corporation has liability for intangible tax under s. 199			199.032,		
24		25 29					30	Florida Statutes				X Yes No			
9. Name and Address of Current Registered Agent								81	A.		10. Name and Address of New I	legistered	d Agent	·	
CT CORPORATION SYSTEM									Name						
1200 S. PINE ISLAND ROAD								82	Street Ad	ddres	ss (P.O. Box Number is Not Accept	able)			
PLANTATION FL 33324								83							
·.															
								84	City		FL 85 Zip Code				
11	 Pursuant to office or reagent. I as 	lo the provis egi ste red ag m f a miliar w	sions of Sections 607.05 gent, or both, in the Stat- ith, and accept the oblig	02 and 60 e of Floric gations of	07.1508, da. Such , Section	Florida Statut change was a 607.0505, Flo	es, the a authorize orida Sta	bove d by tutes	e-named c the corpo	orpoi oratio	ration submits this statement for the n's board of directors. I hereby acc	purpose ept the ap	of changing it opointment as	s registered registered	
S	IGNATURE	Stocehue funni	a rypled name of tendered an	onl and bie	il applicable	(NOT	d Ago	nt e analure re	eo ured	when reinstating)	DATE				
Signalure, typed or printed name of registered agent and tide if applicable 12. OFFICERS AND DIRECTORS						(10)	13.				ADDITIONS/CHANGES TO OFF		ND DIRECTOR	S IN 12	
	ILE	PD				DELETE	1.1 1	TLE					Change	Addition	
N/	NAME MOTHERWAY, THOMAS J							1.2 NAME							
STREET ADDRESS 4060 LAKEWOOD BLVD., 6TH					FL 1.3			1,3 STREET ADDRESS							
CITY-ST-ZIP LONG BEACH CA								1.4 CITY-ST-7IP							
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								SI - ZIP							
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1	ME		ON, DANIEL O.		-		4.21							<u></u>	
	REET ADDRESS		KEWOOD BLVD., 6TH	l FL					ADDRESS						
1	TY-ST-ZIP	LONG B		· -				ITY-S							
_	TLE	VSD				DELETE	511						Change	Addition	
l w	AME :	DRAFFIN	. MICHAFL C				5.2 N	AME							

LONG BEACH CA 6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for (he 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 Plock 13 if changed, or on an attachment with an address.

5,3 STREET ADDRESS

6,3 STREET ADDRESS

5.4 CITY - \$1 - ZIP

61 TITLE

6.2 NAME

DELETE