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PROFIL CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000005349 (4)

MMD DEVELOPMENT, INC.

428 N. PENINSULA DRIVE DAYTONA BEACH FL 32118 428 N. PENINSULA DRIVE DAYTONA BEACH FL 32118

FILED May 29 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/15/1993 FEI Number Applied For 59-3164216 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State City & State Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Z/p Country Country 8. This corporation owes or has paid the current year Intangible ☐ Yes ∏ No. Personal Property Tax due June 30. 24 25 29 30 g. Name and Address of Current Registered Agent Name and Address of New Registered Agent DOWST, MARK S 81 428 NORTH PENINSULA DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **DAYTONA BEACH FL 32118** 83 В4 City 85 Zip Code 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 Herida. 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 title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition TITLE 1.1 TITLE Change DOWST, MARK S NAME 1.2 NAME **428 NORTH PENINSULA DRIVE** 1.3 STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL 32118 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 HILE DOWST, MIKI B 2.2 NAME NAME 428 NORTH PENINSULA DRIVE STREET ADDRESS 2.3 STREET ADDRESS DAYTONA BEACH FL 32118 CITY-ST-ZIP 2.4 CHY-ST-ZiP DELETE Change Addition TITLE 31 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST- ZIP CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Addition Change TITLE 6.1 TITLE 62 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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

o Lielna