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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000012158 (0)**

1. Corporation Name
M.D. REALTY, INC.



Principal Place of Business

Mailing Address

~~10301 NW 12 PLACE
PLANTATION FL 33322~~

~~10301 NW 12 PLACE
PLANTATION FL 33322~~

**5612 ROCK ISLAND ROAD #157
TAMARAC, FLA. 33319**

3. Date Incorporated or Qualified
02/17/1993

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

2a. Mailing Address

21 **5612 ROCK ISLAND ROAD**

26 **5612 ROCK ISLAND ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **#157**

27 **#157**

City & State

City & State

23 **TAMARAC, FLA.**

28 **TAMARAC FLA.**

Zip

Country

Zip

Country

24 **33319**

25 **USA**

29 **33319**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DIMARCO, PAM

~~10301 N.W. 12TH PLACE
PLANTATION FL 33322~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

5612 ROCK ISLAND ROAD

83 **#157**

84 City

TAMARAC

FL

85 Zip Code
33319

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if acceptable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME **P**

1.2 NAME

STREET ADDRESS **DI MARCO, PAM
10301 NW 12 PL
PLANTATION FL 33322**

1.3 STREET ADDRESS

**5612 ROCK ISLAND ROAD #157
TAMARAC, FLA. 33319**

CITY-ST-ZIP

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY-ST-ZIP

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-ST-ZIP

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/96

305-739-4907