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

PROFIT CORPORATION ANNUAL REPORT

1998

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STREET ADDRESS

CIGNATURE: \

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000012158 (0) DOCUMENT # M.D. REALTY, INC. Principal Place of Business Mailing Address 2681 SOUTH COURSE DRIVE 2681 SOUTH COURSE DRIVE POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/17/1993 2. Principal Place of Business 2a. Mailing Address 4 FE! Number Applied For 21 65-0394063 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 Personal Property Tax due June 30. ΠNο 25 29 30 g. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 HERFURTH, MARK HENRY 2681 SOUTH COURSE DRIVE 82 Street Address (P.O. Box Number POMPANO BEACH FL 33069 83 City 84 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 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 CR2E034 (10/97 OFFICERS AND DIRECTO ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1 1 TITLE HERFURTH, MARK NAME 1.2 NAME 460 GRANGER DR BEAR DE, 1990. 2681 SOUTH COURSE DRIVE STREET ADORESS 1.3 STREET ADDRESS POMPANO BEACH FL 33069 CITY-ST-ZIP 1,4 CITY - ST - ZIP DELETE Change Addition 2 1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-2/P DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CHY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP ☐ DELETE Change Addition 61 TITLE TITLE 6.2 NAME NAME

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 yet 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 of the receiver or trusted effect of the corporation of the receiver or trusted effect to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

**FILED** 

Jan 26 1998 8:00am

Secretary of State

1/9/45