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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

051350

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90096 008 ***150.00

DOCUMENT # P93000033565

1. Corporation Name
MDR ENTERPRISES, INC.

Principal Place of Business
6830 NORTHWEST BENGAL STREET
PORT ST. LUCIE FL 34983

Mailing Address
6830 NORTHWEST BENGAL STREET
PORT ST. LUCIE FL 34983

2. Principal Place of Business
21 P.O. Box 8327

2a. Mailing Address
26 P.O. Box 8327

Suite, Apt. #, etc.

22 Port St. Lucie, FL.

City & State
23 34985-8327

Zip
24 25 USA

27 Port St. Lucie, FL.

28 34985-8327

City & State
29 30 USA

9. Name and Address of Current Registered Agent

RINELLI, DONALD J
6830 NW BENGAL ST
PORT ST LUCIE FL 34983

81 Name RINELLI, DONALD J

82 Street Address (P.O. Box Number is Not Acceptable)
3235 S.E. RIVER VISTA DRIVE

83 Port St. Lucie, FL.

84 City (Effective 6-1-99) FL 85 Zip Code 34952

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 applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RINELLI, DONALD J		1.2 NAME
STREET ADDRESS	6830 NORTHWEST BENGAL STREET		1.3 STREET ADDRESS
CITY-ST-ZIP	PORT ST. LUCIE FL 34983		1.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			2.2 NAME
STREET ADDRESS			2.3 STREET ADDRESS
CITY-ST-ZIP			2.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

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.

SIGNATURE:  SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-99 (561) 335-0738
Daytime Phone #

CR2E034 (11/98)