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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P93000046652 (2)

MFF DEVELOPMENT, INC.

Principal Place of Business

401 WEST COLOMAL DRIVE STE. 7		401 WEST COLOMAL DRIVE STE. 7							
ORLANDO FL	12804	ORLANDO FL 32804-6829							
						3. Date Incorporated or Qualified 07/01/1993	1	te of Last R)1/1996	leport
_	lace of Business	2a. Mailing Address				4. FEI Number		Ar	oplied For
21		26				59-3199169			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
22 City & Stat	A	City & State	-	~ ~~		6 Floation Committee Financian			<u>. </u>
23	•	28				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	Countr	y		8. This corporation has liability for i		· · · · · · · · · · · · · · · · · · ·	
24	25	29	0				Yes [
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Re	gistered A	gent	
	CARTHUR, WILLIAM H		81	l Na	ne				
401	WEST COLONIAL DRIVE		82	Stre	et Addre	ess (P.O. Box Number is Not Acceptab	ole)		
STE.									
ORL	ANDO FL 32804		83	'					
			84	City	,			85 Zip	Code
44 0	10-10-007-01-007			<u> </u>			FL		
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.									
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE	Signature, typed or printed name of registered agen	t and little if applicable (NOIL I	Figuratered An	ent sine	thre require	ed when reinstating)	DATE		
12.	OFFICERS AND		18.			ADDITIONS/CHANGES TO OFFIC		DIRECTOR	RS IN 12
TITLE	D	DECETE	1.1 TITLE					☐ Change	Addition
NAME	MACARTHUR, WILLIAM H		1.2 NAME						
STREET ADDRESS	401 WEST COLONIAL DRIVE S	TE. 7	1.3 STREE	T ADDRE	ss				
CITY-ST-ZIP			1.4 CITY-	\$1-7IP					
TITLE	- · · · · · · · · · · · · · · · · · · ·		2.1 TITLE				l	Change	Addition
NAME	FANT, JAMES H	er e	22 NAME		ı				
STREET ADDRESS	401 WEST COLONIAL DRIVE S	It. 1	23 STREE		SS				
CITY-SY-ZIP TITLE				2 4 CITY-ST-ZIP 31 TITLE			· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME	BUALLA IMPERAL A		3.2 NAME				ļ	Onlings	
STREET ADDRESS	401 WEST COLONIAL DRIVE S	TE 7	3.3 STREE	T ADODE	ec				
CITY-ST-ZIP	ORLANDO FL 32804	T Ser 7	3.4. CITY		35				
TITLE	AST	DELETE	4.1 TITLE	GI FII				Change	Addition
NAME	CONANT, ELIZABETH		4. 2 NAME						
STREET ADDRESS	401 W. COLONIAL DR, SUITE 7	1	4.3 STREE	1 ADDRE	ss				
CITY-ST-ZIP	ORLANDO FL		4.4 CHY-	\$1 - ZIP					
TITLE		DELETE	51 TITLE					Change	Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	1 ADDRE	ss				
CITY-ST-ZIP		Dei tur	5.4 CITY-	ST-ZIP	_			<u> </u>	A auret .
TITLE		☐ DELETE	6.1 TITLE					Change	Addition
NAME	·		6.2 NAME						
STREET ADDRESS	• , •		6.3 STREE		SS				
14. I do herel	ov certify that the information supplied	with this filing does not qualify	6.4 CITY- for the ex-		n stated	in Section 119.07(3)(i). Florida Statutes	s. I further	certify that	the
14. I do hereby certify that the information supplied with this filling 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 amountain report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I have a notified by Charles 60.7 Elegal as the receiver of the r									
I am an officer or director of the corporation or the receiver or trusted 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

Slandinacipletani

4/21/97

(40) H25-8276

FILED

Apr 28 1997 8:00am

Secretary of State