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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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May 09 1997 8:00am

Secretary of State

Daytime Phone #

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #	P93000065938	(1)

MDI INTERNATIONAL CORP.

Mailing Address Principal Place of Business 656 IVES JOHNY ROAD 3a. Date of Last Report 3. Date Incorporated or Qualified 09/26/1996 09/22/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 4/53 SAPPHIRE TEER 4153 SOPPHIRE 65-0438626 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing WESTON INESTON Trust Fund Contribution Added to Fees 23 Country 8. This corporation has liability for intangible tax under s. 199.032, 3333/ Florida Statutes Yes No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ISIDORA, MORVIN D 656 IVES DAIRY BD Street Address (P.O. Box Number is Not Acceptable) 83 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. Land familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or prished 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 (96/6)12. 13. DELETE 1.1 TITLE Change Addition THEF ISIDORA, MORVIN D 1.2 NAME NAM! CR2E034 sopphies Tack 655 NES DAIRY RD,7410-2 1.3 STREET ADDRESS STRUET ADDRESS Neston AL 3333/ 1.4 CITY-ST-ZIP CH 1 - S1 - ZIP DELETE Change Addition TITLE 2.1 TITLE ISIDORA, DONNA P 2.2 NAME NAMi 659 IVES DAIRY FID. 2.3 STREET ADDRESS STREET ADDRESS same 2. 4 CITY-ST-ZIP C-14 - ST - ZIP DELETE Addition 3.1 TITLE Change THE ISIDORA, DONNA P 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS some 3.4. CITY-ST-ZIP C(1Y - S1 - ZIP DELETE Change Addition 4.1 TITLE FILLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - \$1 - 71P 4.4 CITY-ST-ZIP DELETE Change Addition IIILE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY - ST - 26 DELETE Change Addition 61 TITLE 1 TLF 62 NAME NAME 63 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

14. If do hereby certify that the information supplied with this filling foes 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, over an latter ment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR