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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P9400000240 (9)

FILED May 07 1997 8:00am Secretary of State

1. Corporation Name MMDR, INC. Principal Place of Business Mailing Address 4777 N.W. \$2ND TERRACE CORAL SPRINGS FL 33067 CORAL SPRINGS FL 33067-1963									
						3. Date Incorporated or Qualified		ate of Las	•
2. Princinal F	Place of Business	2a. Mailing Address				12/21/1993 4. FEI Number	1 00/	01/199	Applied For
i]	and the second second	26				65-0465207		 	Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.	77111			6. Certificate of Status Desired			5 Additional Regulred
City & Sta	ite	City & State				8. Election Campaign Financing		\$5.0	00 May Be
3		28				Trust Fund Contribution			d to Fees
Zip 4	Country 25	Zip 29	30 Cou	ntry] Yes [□No	r s. 199.032,
	g. Name and Address of Cur	rent Registered Agent		81 Nan		10. Name and Address of New Re	gistered	Agent	
470 SUI	RLER, MICHAEL J ESQ. DO BISCAYNE BLVD. ITE 200 AMI FL 33137				et Addre	oss (P.O. Box Number is Not Acceptat	ble)	85 Z	ip Code
					00.00.00	DIAMON SUBMINIS THE STATEMENT OF THE P			
SIGNATURE	Signalist appears printed name of registered	agent and trie it applicable (N	OTE: Registered			oration submits this statement for the pon's board of directors. I hereby accelling the statement of the pont of t	DATE		
SIGNATURE	Signalive it greater printed name of registered OFFICERS /	agent and title if applicable (N	OTE: Registered	d Agent signs			DATE	DIRECT	ORS IN 12
SIGNATURE 12.	Signal of injection printed name of registering OFFICERS /	agent and trie it applicable (N	OTE: Registered 13.	d Agent signe		d when reinstating)	DATE		ORS IN 12
SIGNATURE 12. III.E NAME	Signal FE species parted name of rapidoral OFFICERS A PD APPEL, MONA	agent and title if applicable (N	OTE: Registered 13. 1.1 TH	d Agent signe	iture require	d when reinstating)	DATE	DIRECT	ORS IN 12
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14. I do 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, if it an autonomous address.

SIGNATURE:

IGNATURE AND TYPED OR PRINCED LAME OF SIGNING OFFICER OR DIRECTOR

1 / 29/97

954-346-0806