

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 FEB 24 PM 3:44**

**DOCUMENT # P94000038792 (5)**

1. Corporation Name

**MDS PARTNERS, INCORPORATED**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**4152 W BLUE HERON BLVD SUITE 115 RIVIERA BEACH FL 33404** **4152 W BLUE HERON BLVD SUITE 115 RIVIERA BEACH FL 33404**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Quarter	3b. Date of Last Report
21		26		05/19/1994	N/A
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Apply for Not Applicable
22		27		65-0494678	
City & State		City & State		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S. 191.032, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>ZERFAS, DAVID C 4152 W BLUE HERON BLVD SUITE 115 RIVIERA BEACH FL 33404</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		
				FL	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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Corporation Agent or printed name of registered agent and title if applicable Print Name Agent signature requested when modifying

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 1)	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZERFAS, DAVID C	1.2 NAME	
STREET ADDRESS	4152 W BLUE HERON BLVD SUITE 115	1.3 STREET ADDRESS	
CITY, ST, ZIP	RIVIERA BEACH FL 33404	1.4 CITY, ST, ZIP	
TITLE		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		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		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		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		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, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that I am, and qualify for the obligations stated in law for, the registered agent of the corporation. I understand the duties of a registered agent and that the information indicated on this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made personally by the corporation or its duly authorized officer or director. I understand the duties of a registered agent and that my name appears in Block 12 of this filing as an officer or director with an address.

SIGNATURE: *David C Zerfas* **2/21/95 (407) 963-9850**  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR