# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
[illegible] CORPORATIONS
95 JAN 13 AM 8:54

DOCUMENT # **P94000044103 (7)**

1. Corporation Name
**MDL & ASSOCIATES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 7<br>KILLARNEY FL 34740 | P.O. BOX 7<br>KILLARNEY FL 34740 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/13/1994** | 3a. Date of Last Report:

2. Principal Place of Business (21) | 2a. Mailing Address (26)

4. FEI Number: **59-3249012** | Applied For | Not Applicable

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

5. Certificate of Status Desired: **xx** — **$8.75** Additional Fee Required

City & State (23) | City & State (28)

6. Election Campaign Financing Trust Fund Contribution [ ] — **$5.00** May Be Added to Fees

Zip (24) / Country (25) | Zip (29) / Country (30)

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes **xx** Yes [ ] No

**9. Name and Address of Current Registered Agent**

LACEK, DEBRA M
17949 WEST STATE ROAD 50
WINTER GARDEN FL 34787

**10. Name and Address of New Registered Agent**

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (Signature, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changed.)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS | |
|---|---|---|---|
| TITLE | D | 11 TITLE | D/P — [x] Change [ ] Addition |
| NAME | LACEK, MARK | 12 NAME | |
| STREET ADDRESS | P.O. BOX 98 | 13 STREET ADDRESS | P.O. Box 7 n/a |
| CITY-ST-ZIP | KILLARNEY FL 34740-0098 | 14 CITY-ST-ZIP | Killarney, FL 34740-0007 |
| TITLE | D | 21 TITLE | D/VP/S/T — [x] Change [ ] Addition |
| NAME | LACEK, DEBRA M | 22 NAME | |
| STREET ADDRESS | P.O. BOX 98 | 23 STREET ADDRESS | P.O. Box 7 n/a |
| CITY-ST-ZIP | KILLARNEY FL 34740-0098 | 24 CITY-ST-ZIP | Killarney, FL 34740-0007 |
| TITLE | | 31 TITLE | [ ] Change [ ] Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | [ ] Change [ ] Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | [ ] Change [ ] Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | [ ] Change [ ] Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

14. To the best of my knowledge and belief, the information supplied with this filing is complete and accurate. I am executing this report in accordance with Chapter 607, 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 constitute 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 above, or on an attachment with an address.

SIGNATURE: Debra M. Lacek — DEBRA M. LACEK — 1-12-95 — 1-407-654-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Telephone Number

0402(06) FP