

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

100/100

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000044697

1. Corporation Name
M. D. B. INC.

Principal Place of Business
8501 N. LAGOON DR.
UNIT 509
PANAMA CITY BEACH FL 32408

2. Principal Place of Business
21 3002 W Hwy 98
Suite, Apt. #, etc.
22
City & State
23 Panama City FL
Zip 32401
Country USA

2a. Mailing Address
26 610 GABRIEL ST
Suite, Apt. #, etc.
27
City & State
28 Panama City FL
Zip 32405
Country USA

9. Name and Address of Current Registered Agent

IMONDI, CHARLES A
8501 N. LAGOON DR.
UNIT 509
PANAMA CITY BEACH FL 32408

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 *CHARLES A IMONDI* *Charles A. Imondi 1/25/99* DATE *1/25/99*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

CR2E034 (11/98)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	IMONDI, CHARLES A	1.2 NAME		
STREET ADDRESS	8501 N. LAGOON DR., UNIT 509	1.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	1.4 CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	IMONDI, GALE T	2.2 NAME		
STREET ADDRESS	8501 N. LAGOON DR., UNIT 509	2.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	2.4 CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: *CHARLES A IMONDI MDS*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90235 037 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/10/1994

4. FEI Number

59-3269097

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

7. This corporation owes the current year Intangible

Yes

No

Personal Property Tax.

10. Name and Address of New Registered Agent

81 Name *CHARLES A IMONDI*

82 Street Address (P.O. Box Number is Not Acceptable)

610 GABRIEL ST

83

84 City *PANAMA CITY* FL 85 Zip Code *32405*

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CITY-ST-ZIP		6.4 CITY-ST-ZIP		

Date

Daytime Phone #