

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90044 038 ***163.75

DOCUMENT # P94000081038

1. Corporation Name
MIDAMERICA FINANCIAL CORPORATION

Principal Place of Business
4801 S. UNIVERSITY DRIVE
SUITE 200
FORT LAUDERDALE FL 33328

Mailing Address
4801 S. UNIVERSITY DRIVE
SUITE 200
FORT LAUDERDALE FL 33328

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/31/1994

4. FEI Number

65-0532210

Applied For

Not Applicable

5. Certificate of Status Desired XXX

\$8.75 Additional
Fee Required

6. Election Campaign Financing XXX

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 4801 S. University Drive

Suite, Apt. #, etc.

22 Suite 2000

City & State

23 Fort Lauderdale, Florida

Zip

24 33328

Country

25 United States

2a. Mailing Address

26 4801 S. University Drive

Suite, Apt. #, etc.

27 Suite 2000

City & State

28 Fort Lauderdale, Florida

Zip

29 33328

Country

30 United States

9. Name and Address of Current Registered Agent

DONENFELD, CHERYL
4801 S. UNIVERSITY DRIVE
SUITE 200
FORT LAUDERDALE FL 33328

10. Name and Address of New Registered Agent

81 Name

Cheryl Donenfeld

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

4801 S. University Drive,

83

Suite 2000

84 City

Fort Lauderdale

FL

85 Zip Code
33328

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

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

Cheryl Donenfeld

(NOTE: Registered Agent signature required when reinstating)

01-27-99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME DONENFELD, CHERYL
STREET ADDRESS 4801 S. UNIVERSITY DRIVE STE 200
CITY-ST-ZIP FORT LAUDERDALE FL 33328

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: *Cheryl Donenfeld* Cheryl Donenfeld

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(954) 434-9554

01-27-99

Daytime Phone #

CR2E034 (11/98)

0306036