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

APPROVED AND FILED

95 MAY -1 PM 7:44

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P94000092694 (6)

1. Corporate Name

LD MD PD II INC.

Principal Place of Business	Mailing Address
3757 S ATLANTIC AVE #103 DAYTONA BEACH SHORES FL 32127	3757 S ATLANTIC AVE #103 DAYTONA BEACH SHORES FL 32127

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 12/20/1994
3a. Date of Last Report:

4. FEI Number: 51-3385439 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

JOHN S. NORTON, JR., P.A.
431 N GRANDVIEW AVE
DAYTONA BEACH FL 32118

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	DVORAK, PHILIP
STREET ADDRESS	3757 S ATLANTIC AVE #103
CITY ST ZIP	DAYTONA BEACH SHORES FL 32127
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

		☐ Change	☐ Addition
11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP		☐ Change	☐ Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP		☐ Change	☐ Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP		☐ Change	☐ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP		☐ Change	☐ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP		☐ Change	☐ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP		☐ Change	☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(k), 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.

SIGNATURE (X) Philip Dvorak — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 5-1-95 Date

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