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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P95000001570 (7)

M.D.L.R., INC.

DOCUMENT #
1. Corporation Name

Principal Place of Business

Mailing Address

**FILED** May 01 1996 8:00 am Secretary of State



2. Principal Place of Business 21	3. Date Incorporated or Qualified 01/06/1995 4. FEI Number 65 - 054-8 5. Certificate of Status Desired	3a. Date of	
21 2663 E. SONRISE BLVD 2663 E. SONRISE BLVD 2663 E. SONRISE BLVD Suite, Apt. #, etc. 22 #102 27 #102  City & State Cty & State	bb 65-0548	630	T Tanalander
22 <b>₩ 10 2</b> City & State Cty & State	5. Certificate of Status Desired	45 C	Applied For Not Applicable
			8.75 Additional Fee Required
20 Country FL 28 FT. LAUDERDALE, FL	6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
24 33304 25 29 33304 30	This corporation has liability for in Florida Statutes     Yes	□ No	
THOMPSON CAPOST T	10. Name and Address of New Robins (P.O. Box Number is Not Acceptable N.E. 14 TH Co	e)	nt
84 PT. LA	AUDERDALE		2 Zip Code 3 3304
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Stututes, the above named corporation registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	on submits this statement for the purp of directors. Thereby accept the appo	ose of changi intment as reg	
SIGNATURE Signature, based or protect table, of represent a port which the depth with	en renstating	0/96	
12. OFFICERS AND DIRECTORS 13.	ADDITIONS/CHANGES TO OFFICE	CERS AND DIF	ECTORS IN 12
TITLE D X DELETE 1 1 TITLE P MA	IRCIA M. PATE		hange Addition
NAME   THUMPSON, GARRET T	ארצו יביע די	-	- <del></del>
STREET ADDRESS   1041 14 ALLASTIC			<i>*</i>
DITY-ST-ZIP FT LAUDERDALE FL 33304 14 CITY-ST-ZIP FT	LAUDERDALE,	FL 3	330 ¥
		c	range 🔲 Addition
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23 STREET AUURESS			
24011.01.21			
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0.53 inct Adults 5			

certify that the information indicated on this armual report or supplemental and does not quality for the exemption stated in Section 119.07(3)(k). Florida Statutes I further oath, that I am an officer or director of the corporation or the receiver or trusted 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:

4/30/96 954-566-7237