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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P95000018116 (0)

MLD PROPERTIES GROUP, INC. Principal Place of Business Mailing Address 1166 NEW CASTLE COURT 1166 NEW CASTLE COURT OVIEDO FL 32765-6868 OVIEDO FL 32765-6868 3. Date Incorporated or Qualified 3a. Date of Last Report 03/06/1995 N/A 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3303371 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zφ Country $Z_{\rm IO}$ Country 8. This corporation has liability for intangible tax under s. 199,032, 24 25 29 Florida Statutes Yes No 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 L. DeZonia Michael **AMERILAWYER** Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVE. 166 New Cartle CORAL GABLES FL 33134 83 84 32765-6868 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. Thereby accept the appointment as registered agent, I am familiar with, and accept 1 cobligations of, Section 607.0505. Florida Statutes. Michael L. DeZonia Preside 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELF IL THE Change 1 1 3011.8 Addition NAME DEZONIA, MICHAEL L 1.2 NAMÉ STREET ADDRESS 1166 NEW CASTLE COURT 1.3 STREET ADDRESS OVIEDO FL 32765-6868 CITY - ST - ZIP 1.4 CiTY - ST- ZIP TITLE DELETE 2 1 Tilli E Change Addit on NAME 2.2 NAMé STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 24 CHY-SF ZIF TILE DECETE 3 1 HILE Change ☐ Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY - ST - ZIP TITLE DELETE 4 1 TITLE Change ☐ Addition 4.2 NAME STREET ACORESS 4.3 STREET ADDRESS CHTY-\$1-712 4.4.0HY-ST ZIP DELETE TITLE 5 1 THEF Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP THILE DELETE 6.17006 ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CHTY-ST-ZIP 6.4 CITY - ST - ZIP 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(3)(k). Florida Statutes, I further certify that the information indicated on this annual report or supplicmental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or director of the cognitivation 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, griding and that my name appears in Block 12 or Block 13 if changed, griding and that my name appears in Block 12 or Block 13 if changed, griding and that my name appears in Block 12 or Block 13 if changed, griding and that my name appears in Block 12 or Block 13 if changed, griding and the properties of the cognitive true and the properties of the cognitive true and accurate and that my signature shall have the same legal effect as if made under the cognitive true and accurate and that my signature shall have the same legal effect as if made under the cognitive true and accurate and that my signature shall have the same legal effect as if made under the cognitive true and accurate and that my signature shall have the cognitive true and accurate and that my signature shall have the cognitive true and accurate and that my signature shall have the cognitive true and accurate and that my signature shall have the cognitive true and accurate and that my signature shall have the cognitive true and accurate and that my signature shall have the cognitive true and accurate and that my signature shall have the cognitive true and accurate and that my signature shall have the cognitive true and accurate and that my signature shall have the cognitive true and accurate and that my signature shall have the cognitive true and accurate and that my signature shall have the cognitive true and accurate shall have the cognitive true and

SIGNATURE:

Michael L. DeZonia

(12/95)

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