

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

FILED
May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000019867 (7)

1. Corporation Name

MDS ENTERPRISES, INC.

Principal Place of Business

5008 50TH WAY
WEST PALM BEACH FL 33409

Mailing Address

777 S FLAGLER DR
8TH FLOOR WEST TOWER
WEST PALM BEACH FL 33401-6161

3. Date Incorporated or Qualified
03/09/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 6303 ADAMS ST.

Suite, Apt. #, etc.

22

City & State

23 PALM BCH GARDENS, FL

Zip

24 33418

Country

25

City & State

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

City & State

31

Suite, Apt. #, etc.

32

City & State

33

Zip

34

Country

35

City & State

36

Suite, Apt. #, etc.

37

City & State

38

Zip

39

Country

40

City & State

41

Suite, Apt. #, etc.

42

City & State

43

Zip

44

Country

45

City & State

46

Zip

9. Name and Address of Current Registered Agent

SPIEGEL, MARC
777 S FLAGLER DR
8TH FLOOR WEST TOWER
WEST PALM BEACH FL 33401

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME SPIEGEL, MARC
STREET ADDRESS 5008 50TH WAY
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE ☐ DELETE

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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

6303 ADAMS ST.
PALM BCH GARDENS, FL 33418

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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. I changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARC SPIEGEL

3/1/97

561-776-1675

Date

Daytime Phone #

0290265

CR2E034 (9/96)