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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000022043 (0) DOCUMENT

MDM & ASSOCIATES, INC.

Principal Place of Business Mailing Address 10000 S. OCEAN DR. 10000 S. OCEAN DR. #301

FILED Jan 30 1998 8:00am Secretary of State



JENSEN BEACH FL 34957 JENSEN BEACH FL 34957 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/17/1995 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 9950 S. OCEAN DR. 9950 S. OCEAN DR. 65-0573820 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 802 5. Certificate of Status Desired 802 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be JENSEN BEACH JENSEN BEACH, FL. Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has pald the current year intangible 34957 34957 USA USA 25 Yes 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent RIFKIN, AVRON C 2400 S. FEDERAL HWY 82 Street Address (P.O. Box Number Is Not Acceptable) SUITE 320 STUART FL 34994 83 84 Zip Code 85 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 (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE X Change Addition 1.1 TITLE MAHR, MALCOLM NAME 1.2 NAME APT. 802 10000 S. OCEAN DRIVE #301 9950 S. OCEAN DR STREET ADDRESS 1.3 STREET ADDRESS 34957 JENSEN BEACH FL JENSEN BRACH PL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition: NAME 2.2 NAME STREET ADORESS 2.3 STREET ADDRESS ₹ CITY - ST - 7tP 2. 4 CITY - ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3,3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST-ZIP DELETE Change Addition 4.1 TITLE 4. 2 NAME

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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY - ST- ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY - ST - ZIP

TITLE

NAME

TITLE

NAME

DELETE

DELETE

1:20.98

561-229-8778

Change

Change

Addition

Addition

(10/97