

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000049117 (1)

1. Corporation Name

M D FINANCIAL ASSOCIATES LIMITED, INC.



Principal Place of Business

Mailing Address

19 NE 3RD AVENUE
DELRAY BEACH FL 33483

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DELRAY BEACH FL 33483

3. Date Incorporated or Qualified

06/16/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0595719

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24

Zip

Country

Zip

Country

29

25

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

Holt Monaghan

82 Street Address (P.O. Box Number is Not Acceptable)

1304 S.W. 20th Street

83

84 City

Boynton Beach

FL

85 Zip Code

33426

DANIELS, ROBERT
2522 PAR CIRCLE
DELRAY BEACH FL 33445

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]*

(NOTE: Registered Agent signature required when reinstating)

03 April 96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD ☒ DELETE
NAME DANIELS, ROBERT
STREET ADDRESS 2522 PAR CIRCLE
CITY-ST-ZIP DELRAY BEACH FL 33445

1.1 TITLE Deceased ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VSD ☐ DELETE
NAME MONAGHAN, HOLT
STREET ADDRESS 1304 SW 20TH STREET
CITY-ST-ZIP BOYNTON BEACH FL 33426

2.1 TITLE PVSTD ☒ Change ☒ Addition
2.2 NAME Monaghan, Holt
2.3 STREET ADDRESS 1304 S.W. 20th Street
2.4 CITY-ST-ZIP Boynton Beach, FL 33426

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE 700001796807 ☐ Change ☐ Addition
5.2 NAME -04/26/96--01081--031
5.3 STREET ADDRESS ***200.00
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/96 407-278-5822
Date Daytime Phone #

CR2E034 (12/95)