

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

**FILED**  
**Sep 23, 1999 8:00 am**  
**Secretary of State**

09-23-1999 90009 009 \*\*\*558.75



PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000096017**

1. Corporation Name  
**MDL, INCORPORATED**

Principal Place of Business  
~~275 NE 48TH ST~~  
POMPANO BEACH FL 33064

Mailing Address  
~~275 NE 48TH ST~~  
POMPANO BEACH FL 33064

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>2660 NE 7th Ave</b>		2a. Mailing Address 26 <b>2660 NE 7th Ave</b>		3. Date Incorporated or Qualified <b>12/15/1995</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>65-0627218</b>	
22 City & State <b>Pompano Bch, FL</b>		27 City & State <b>Pompano Bch, FL</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
23 Zip <b>33064</b> Country <b>USA</b>		28 Zip <b>33064</b> Country <b>USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
24 <b>33064</b> 25 <b>USA</b>		29 <b>33064</b> 30 <b>USA</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FRIGOLA, MICHELLE C**  
**LIGHTHOUSE POINT PROFESSIONAL CENTER**  
**5340 N FEDERAL HWY SUITE 104**  
**LIGHTHOUSE POINT FL 33064**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 a natural person, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LACERTE, MARC D</b>	1.2 NAME	
STREET ADDRESS	<del>275 NE 48TH ST</del>	1.3 STREET ADDRESS	<b>2660 N.E. 7th Ave</b>
CITY-ST-ZIP	<b>POMPANO BEACH FL 33064</b>	1.4 CITY-ST-ZIP	<b>POMPANO Bch, FL 33064</b>
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHRISTOPHER, BEAU</b>	2.2 NAME	<b>LACERTE, BEAU Christopher</b>
STREET ADDRESS	<del>275 NE 48TH ST</del>	2.3 STREET ADDRESS	<b>2660 N.E. 7th Ave</b>
CITY-ST-ZIP	<b>POMPANO BEACH FL 33064</b>	2.4 CITY-ST-ZIP	<b>POMPANO Bch, FL 33064</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TITLE OF SIGNING OFFICER OR DIRECTOR

**9/10/99 (954) 784-8804**  
Date Daytime Phone #

CR2E034 (11/98)

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