

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

FILED

Feb 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000004320 (3)**

1. Corporation Name

MLW PROPERTIES, INC.



Principal Place of Business 250 S. PARK AVE. SUITE 600 WINTER PARK FL 32789	Mailing Address 1169 W. STURTEVANT ST. ORLANDO FL 32806 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1911 N. Mills Ave	2a. Mailing Address 1911 N. Mills Ave.
21. Suite, Apt. #, etc. Suite 600	26. Suite, Apt. #, etc. Suite 600
22. City & State ORLANDO, FLA	27. City & State ORLANDO, FLA
23. Zip 32803	28. Zip 32803
24. Country USA	29. Country USA

3. Date Incorporated or Qualified 01/12/1996	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-3355665	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent
**G. BROCK MAGRUDER SR MD
1911 NORTH MILLS AVE
ORLANDO FL 32803**

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 **G. Brock Magruder SR MD** DATE **1/29/98**

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D MAGRUDER, G. BROCK SR. MD
STREET ADDRESS	250 S. PARK AVE., STE. 200
CITY - ST - ZIP	WINTER PARK FL 32789
TITLE	<input type="checkbox"/> DELETE
NAME	D MAGRUDER, G. BROCK JR. MD
STREET ADDRESS	250 S. PARK AVE., STE. 200
CITY - ST - ZIP	WINTER PARK FL 32789
TITLE	<input type="checkbox"/> DELETE
NAME	D LEHR, JOHN M.D.
STREET ADDRESS	250 S. PARK AVE., STE. 200
CITY - ST - ZIP	WINTER PARK FL 32789
TITLE	<input type="checkbox"/> DELETE
NAME	D WHATLEY, THOMAS R JR.
STREET ADDRESS	250 S. PARK AVE., STE. 200
CITY - ST - ZIP	WINTER PARK FL 32789
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: **G. Brock Magruder SR MD** DATE **1/13/98** 407-423-2528

CR2E034 (10/97)