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

PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000022410 (0)

MDP INC. OF JACKSONVILLE

Principal Place of Business Mailing Address 445 STATE ROAD 13 NORTH 445 STATE ROAD 13 NORTH JACKSONVILLE FL 32259-3838 JACKSONVILLE FL 32259-3838 3. Date Incorporated or Qualified 3a. Date of Last Report 03/12/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. # etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zio Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name RAX CO. % MAHONEY ADAMS & CRISER Street Address (P.O. Box Number is Not Acceptable) 82 50 NORTH LAURA ST. 3400 BARNETT CENTER 83 JACKSONVILLE FL 32202 R4 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 agail 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, type for printing name of registers angent and tille it apparatos DATE (NOTE Registered Agent's gnature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE PARLATO, MARTIN D NAME 1.2 NAME CR2E034 RO BOX 32383 - 445 512 1084 58CRET 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 42201 CHES PL. 1.4 CITY - ST-ZIP City St. ZIP DELETE Change Addition TITLE 2.1 JULE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY - ST - ZIP CHY ST-70F DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP City-\$1-7/2 DELETE Change 4.1 TITLE Addition THEF

6.4 CITY-ST-ZIP Supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the fort or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that true or true fee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name of the property with an address. 14. Loo hereby certify that the information information indicated on this arrivals Lam an officer or dire appears in Block 12

4. 2 NAM5 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADORESS

STREET ADDRESS

CHY-ST 20P

CHY-S1-Z-P

TED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

Daytime Prione #

Date

FILED

Jan 23 1997 8:00am

Secretary of State

Change

Change

Addition

Addition