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Apr 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000032926 (3)

1. Corporation Name

MDD ASSOCIATES, INC.

Principal Place of Business

1440 S. OCEAN BLVD., APT. 8A
POMPANO BEACH FL 33062

Mailing Address

1440 S. OCEAN BLVD., APT. 8A
POMPANO BEACH FL 33062-7368

2. Principal Place of Business

21 M.D. ASSOCIATES

22 Suite, Apt. #, etc. ST #9 1021 So Rogers Circle

23 City & State BOCA RATON

24 Zip FLA Country 33487

2a. Mailing Address

26 SUITE # 9

27 Suite, Apt. #, etc. 1021 So Rogers Circle

28 City & State BOCA RATON

29 Zip FLA Country 33487

3. Date Incorporated or Qualified

04/16/1986

3a. Date of Last Report

4. FEI Number

05-0661794

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

GORDON, MANUEL
1440 S. OCEAN BLVD., APT. 8A
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

81 Name

DAN GILBERT

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

10288 SUNSET BLVD DRIVE

83

BOCA RATON

84 City

FL

85 Zip Code 33428

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, 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 and printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D DELETE

NAME GORDON, MANUEL
STREET ADDRESS 1440 S. OCEAN BLVD., APT. 8A
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE D DELETE

NAME COHN, DAVID
STREET ADDRESS 7659 CINEBAR DR
CITY-ST-ZIP BOCA RATON FL 33433

TITLE D DELETE

NAME GILBERT, DAN
STREET ADDRESS 10288 SUNSET BLVD. DR.
CITY-ST-ZIP BOCA RATON FL 33428

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 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:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (9/96)