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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

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 <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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 MDD ASSOCIATES Suite, Apt. #, etc. 22 ST #9 1021 So Rogers Cir City & State 23 BOCA RATON Zip 24 FLA	2a. Mailing Address 26 MDD ASSOCIATES SUITE # 9 Suite, Apt. #, etc. 27 1021 So Rogers Circle City & State 28 BOCA RATON Zip 29 FLA	Country 25 33487	Country 30 33487
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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
85 Zip Code FL 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 for 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) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GORDON, MANUEL	
STREET ADDRESS	1440 S. OCEAN BLVD., APT. 8A	
CITY - ST - ZIP	POMPANO BEACH FL 33062	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COHN, DAVID	
STREET ADDRESS	7659 CINEBAR DR	
CITY - ST - ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GILBERT, DAN	
STREET ADDRESS	10288 SUNSET BLVD. DR.	
CITY - ST - ZIP	BOCA RATON FL 33428	
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 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)