FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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1997 JUL 14 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. [illegible]
Secretary of State
DIVISION OF CORP[illegible]

DOCUMENT # **P96000055832 (5)**

1. Corporation Name
M D ENTERPRISES OF MONROE COUNTY, INC.

Principal Place of Business	Mailing Address
30750 WATSON BLVD. BIG PINE KEY FL 33043	30750 WATSON BLVD. BIG PINE KEY FL 33043-5009

3. Date Incorporated or Qualified: 06/27/1996
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0684130 ☐ 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

MOORE, RUSSELL
30750 WATSON BLVD.
BIG PINE KEY FL 33043

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent, and the title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MOORE, RUSSELL		1.2 NAME		
STREET ADDRESS	30750 WATSON BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	BIG PINE KEY FL 33043		1.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	2.1 TITLE	V	☐ Change ☒ Addition
NAME	CONNELLY, STEVE		2.2 NAME	JERRY LINDERMAN	
STREET ADDRESS	30855 ORTEGA LANE		2.3 STREET ADDRESS	PO Box 430714	
CITY-ST-ZIP	BIG PINE KEY FL 33043		2.4 CITY-ST-ZIP	BIG PINE KEY FL 33043-0714 N/A	
TITLE	S	☒ DELETE	3.1 TITLE	S	☐ Change ☒ Addition
NAME	SOLIS, CARLOS A		3.2 NAME	MARK STRASSBURG	
STREET ADDRESS	P.O. BOX 968		3.3 STREET ADDRESS	605 PETRONIA ST	
CITY-ST-ZIP	BIG PINE KEY FL 33043		3.4 CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	NELSON, RODNEY		4.2 NAME		
STREET ADDRESS	P.O. BOX 431662 N/A		4.3 STREET ADDRESS	000002242980--7	
CITY-ST-ZIP	BIG PINE KEY FL 33043-1662		4.4 CITY-ST-ZIP	-07/21/97--01095--023	
TITLE		☐ DELETE	5.1 TITLE	****165.00	☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

DB 7-14-97

CR2E034 (9/96)

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: [illegible] 7/11/97 (305) 923-2052