


FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90133 012 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000073531

1. Corporation Name
MLD CONTRACTING, INC.



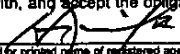
Principal Place of Business 7419 COMMONWEALTH AVE JACKSONVILLE FL 32220 US	Mailing Address P. O. BOX 57635 JACKSONVILLE FL 32241-7635 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1725 LONDON AVENUE Suite, Apt. #, etc.		2a. Mailing Address 28 PO Box 57635 Suite, Apt. #, etc.		4. FEI Number 59-3168582		Applied For <input type="checkbox"/> Not Applicable	
22 City & State 23 JACKSONVILLE FL		27 City & State 28 JACKSONVILLE FL		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	
24 Zip 32207 25 Country USA		29 Zip 32241 30 Country USA		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent ROBERTSON PETER A 4128 NW 13 ST GAINESVILLE FL 32609				10. Name and Address of New Registered Agent			
81 Name HARRY DANIEL		82 Street Address (P.O. Box Number is Not Acceptable) 1725 LONDON AVE		83		84 City JACKSONVILLE FL	
				85 Zip Code 32207			

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  **H.B. DANIEL** DATE **5/5/99**

Signature, typed for printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE DANIEL, HARRY B	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DANIEL, HARRY B		1.2 NAME	
STREET ADDRESS 7419 COMMONWEALTH AVE		1.3 STREET ADDRESS 1725 LONDON AVENUE	
CITY-ST-ZIP JACKSONVILLE FL 32220		1.4 CITY-ST-ZIP JACKSONVILLE FL 32207	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:  **HARRY DANIEL** DATE **4/21/99** DAYTIME PHONE # **904-7737072**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/1/98)