SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Oct 01 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # P96000097182 (5)

MDA INVESTMENT, INC.

Principal Place of Business		Mailing Address				
ATRIUM FINANCIAL CENTER		2817 NE 26TH AVE				
1515 N FEDERAL HWY, SUITE 412 BOCA RATON FL 33432-954		LIGHTHOUSE POINT FL 33064		DO NOT WRITE IN THIS SPACE		
US				Date Incorporated or Qualified 12/02/1996		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 1499	1 BINDER DRIVE.	26 1499/ BINDE	RDRIVF.	65-0716558	Not Applicable	
Suite, Apt. #, etc,		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		[27]		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
Zip CAPTIVA FL		28 CAPTIVA F C		Trust Fund Contribution	Added to Fees	
Zip 24] 339	124 25 USA.	29 33924	USA	This corporation owes or has paid the Personal Property Tax due June 30.	Yes No	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registe		
HEATH, DAVID B				DONEY. SEORGE. M	,	
2817 NE 26 TH AVE			82 Street Address (P.O. Box Number is Not Acceptable)			
LIGHTHOUSE POINT FL 33064			149	14 991 BINDER BRIVE		
			63			
			84 City	APTIVA	FL 85 Zip Code 33924	
11. Pursuant	to the provisions of sections 607.0502	and 607.1508, Florida Statutes	the above-named co	rporation submits this statement for the purpose ration's board of directors. I hereby accept the a	of changing its registered	
office or i	regist er ed agent, or both, in the State o am familiar with, and accept the obligat	of Fiorida. Such change was au ions of, section 607.0505, Flori	inorizeo by the corpoi da Statutes.	ration's poard of directors, I hereby accept the a	ppointment as registered	
SIGNATURE .	(mooney.					
	Signalize, Kiped or printed name of registered agent	· · · ·	E: Registered Agent signature			
12.	OFFICERS AND	F	13.	ADDITIONS/CHANGES TO OFFICER		
NAME	HEATH, DAVID B	L DELETE	1.2 NAME	DONEY, GEORGE M.	Change [_] Addition	
STREET ADORESS	2817 NE 26TH AVE		1.3 STREET ADDRESS	14 991 BINDER DRIVE		
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064		1.4 CITY-ST-ZIP	CAPTIVA FL. 33424		
TITLE		DELETE	2.1 TITLE	CA1:1144 . X. 22149	Change Addition	
NAME		E 3 pereve	2.2 NAME		enange naumen	
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE	AAA 2 144 17 17 144 144 144 144 144 144 144 1	Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZiP		and the second s	3.4 CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		[_]DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
TITLE		Declera	5.4 CITY-ST-ZIP 6.1 TITLE			
NAME		[_] DELETE	6.2 NAME		Change Addition	
STREET ADDRESS			63 STREET ADDRESS			
CITY-ST-ZIP			6.4 City-St-ZiP			
	ertify that the information supplied with t	his filing does not qualify for the		ection 119.07(3)(i), Florida Statutes. I further cel	tify that the information	
indicated o an officer o	n thi s a nnual report or supplemental a	nnual report is true and accura- siver or trustee empowered to e	te and that my sjønati	ure shall have the same legal effect as if made i required by Chapter 607, Florida Statutes; and	inder cath; that I am	