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Mailing Address

6865 SW 18TH ST

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # P9600099605

Principal Place of Business

MDN LAKE IDA, INC.

| 6865 SW 18TH 5 | ST | | 6865 SW 18TH ST #10 | | | | | | | | |
|---|---|---|--|--|--|--|--|---|------------|-------------------------------------|--|
| #10 BOCA RATON FL 33433 | | BOCA RATON FL 33433 | | | | | DO NOT WRITE IN THIS SPACE | | | | |
| US | | ., . | US | | | | 3. Date Incorporated 12/10/1996 | or Qualifed | | | |
| 9 Principal Pla | ace of Business | | 2a. Mailing Address | | | | 4. FEI Number | , | | Ap | plied For |
| i ' | ace of pusitiess | | 26 | | | | 65-0712113 | • | | No | t Applicable |
| Suite, Apt. # | #, etc. | | Suite, Apt. #, etc. | , | | | 5, Certificate of Status | Desired [|] | \$8.75 / Fee Re | Additional equired |
| 22 | | | 27 | | | | ļ- <u>-</u> - | | · | | |
| City & State | 9 | | City & State | | | | 6. Election Campaign Trust Fund Contrib | | | \$5.00 Added | |
| Zip | Co | untry | Zip | Cou | intry | | 8. This corporation or | ves the current | | | |
| 24 | 25 | , | 29 | 30 | | | Personal Property | | | Yes | □No |
| | | dress of Current R | Registered Agent | | | | 10. Name and Addre | s of New Reg | istered A | gent | |
| | | | | | 81 1 | Name | | | | | |
| | LIO, DAN SW 18TH ST | | | | 82 5 | Street Addre | ess (P.O. Box Number is | Not Acceptable |) | | |
| | SA IOLU SI | * | | | - | | 1 | Na su de la | | 21.21 | 13011501.301 |
| #10 BOC/ | A RATON FL 334 | 33 | | | 83 | | ************************************** | 6.1. | | 1-1 | (A) |
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| | | | 1007 (500 51 11 01 | | | amad sarsa | votion submits this state | ment for the nu | roose of c | hanging its | registered |
| 11. Pursuant t | to the provisions of | Sections 607.0502 a | and 607.1508, Florida Sta Florida. Such change wa | stutes, the a s authorized | d by the | e corporation | n's board of directors. I h | ereby accept t | ne appoint | ment as re | gistered |
| agent. I ar | m familiar with, and | accept the obligation | ns of, Section 607.0505, | Florida Stat | tutes. | | | | | | |
| | | | | | | | | | | | |
| SIGNATURE | Classition based or printed | name of registered agent as | nd title if applicable. (N | OTE: Registered | d Agent sig | gnature required | when reinstating) | | DATÉ | | |
| | Signature, typed or printed | name of registered agent as | | OTE: Registered | | gnature required | when reinstating) ADDITIONS/CHAN | GES TO OFFIC | | | |
| 12. | | name of registered agent ar OFFICERS AND | | 13. | | gnature required | ADDITIONS/CHAN | GES TO OFFIC | | DIRECTO | ORS IN 12 |
| 12. TILE | D | name of registered agent ar OFFICERS AND | DIRECTORS | 13. | TILE | gnature required | ADDITIONS/CHAN | SES TO OFFIC | | | |
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6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED

Feb 09, 1999 8:00am

Secretary of State

02-09-1999 90031 045 ***150.00

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.