

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # P96000102745 (2)

1. Corporation Name
MDA RESORTS I, INC.

Principal Place of Business
251 S ATLANTIC AVE
ORMOND BEACH FL 32714

Mailing Address
251 S ATLANTIC AVE
ORMOND BEACH FL 32714



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 281 S. Atlantic Ave Suite, Apt. #, etc. 22 City & State 23 Zip 24		2a. Mailing Address 26 281 S. Atlantic Ave Suite, Apt. #, etc. 27 City & State 28 Zip 29		3. Date Incorporated or Qualified 12/20/1996 4. FEI Number 59-3415377 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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9. Name and Address of Current Registered Agent VALBH, ANIL 3956 W COLONIAL DR ORLANDO FL 32808		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 5353 CONROY ROAD 83 84 City ORLANDO, FL 85 Zip Code 32811	
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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 imposed on 607.0505, Florida Statutes

SIGNATURE: [Signature] DATE: 4/28/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOBALIA, DIPAK D	1.2 NAME	
STREET ADDRESS	251 S ATLANTIC AVE	1.3 STREET ADDRESS	281 S. Atlantic Ave
CITY-ST-ZIP	ORMOND BEACH FL 32714	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BHOOLA, MOHAN J	2.2 NAME	
STREET ADDRESS	251 S ATLANTIC AVE	2.3 STREET ADDRESS	281 S. Atlantic Ave
CITY-ST-ZIP	ORMOND BEACH FL 32714	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NARAN, ISHWAR	3.2 NAME	
STREET ADDRESS	251 S ATLANTIC AVE	3.3 STREET ADDRESS	281 S. Atlantic Ave
CITY-ST-ZIP	ORMOND BEACH FL 32714	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALBH, ANIL	4.2 NAME	
STREET ADDRESS	3956 W COLONIAL DR	4.3 STREET ADDRESS	5353 Conroy Road
CITY-ST-ZIP	ORLANDO FL 32808	4.4 CITY-ST-ZIP	Orlando, FL 32811
TITLE		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		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.

SIGNATURE: [Signature] DATE: 4/28/98

CR2E034 (10/97)