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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700000357

1. Corporation Name

MMDI INC.

PELIANT INNOVATIONS

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90031 007 ***150.00



Principal Place	e of Business	Mailing Address				
1850 N.W. 847H	1 AVENUE	1850 N.W. 84TH AVENUE				
SUITE 105	_	SUITE 105/		DO NOT WRITE	E IN THIS SPACE	
MIAMI FL 33126	5	M/AMI FL 03126 /		3. Date Incorporated or Qualifed	2 114 11110 01 710=	
f 1	•	()		01/02/1997		{
2 Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	. T A	pplied For
21 1100	S. Power Line Nono		LIVE PLOAD	65-0715173	N	ot Applicable
Suite, Apt.	#-etc	Suite, Apt. #, etc		5. Certificate of Status Desired		<u>Additional</u>
22 505	TE 109	27 کل ₍₂₇	109		Fee H	equired
City & State	EN REACH FL	28 OFFIFE UBE	iach FL	Election Campaign Financing Trust Fund Contribution	1 1	May Be to Fees
Zip	Country	Zip 2 11 12	Country	8. This corporation owes the curre	nt year Intangible	
24 33 1	12 25 Brow AND	29 33444	30 Roy AUS	Personal Property Tax.	Z Yes	□No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	egistered Agent	
FADI	DED JEEEDEV		81 Name			
	Ber, Jeffrey Via napoli		82 Street	Address (P.O. Box Number is Not Acceptab	ole)	
	RFIELD BEACH FL 33442		83			
DEL	III IEED BENOTITE COTTE					
			84 City		FL 85 Zip	Code
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-named	corporation submits this statement for the p	ourpose of changing it	s registered
		f Florida. Such change was au	ithorized by the corpo	ration's board of directors. I hereby accept	the appointment as i	gistered
agent. I ar	egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of, Section 607.0505, Flori	ida Statutes			
agent. I ar SIGNATURE	m familiar with, and accept the obligation	ons of, Section 607.0505, Flori	da Statutes.		DATE	
agent. I ar SIGNATURE	m familiar with, and accept the obligation Signature, typed or printed name of registered agent.	and title if applicable. (NOTE: 1	ida Statutés Registered Agent signature re	equired when reinstating)	DATE	ORS IN 12
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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 chapted, or on an attachment with an address, with all other like empowered.