

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

**FILED**  
**Apr 07, 1999 8:00 am**  
**Secretary of State**

04-07-1999 90024 008 \*\*\*150.00

U100460

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000024528**

1. Corporation Name  
**MIDDLE MARKET CORP.**



Principal Place of Business: **320 PLAZA RD SUITE 606 BOCA RATON FL 33432 US**

Mailing Address: **245 GRAND BROOK CIRCLE #1333A ORLANDO FL 32810**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **1402 E LAS OLAS BLVD FT. LAUDERDALE, FL 33301 USA**

2a. Mailing Address: **1402 E LAS OLAS BLVD FT. LAUDERDALE, FL 33301 USA**

22. Suite: Apt. #, etc.: **143**

27. Suite: Apt. #, etc.: **143**

23. City & State: **FT. LAUDERDALE, FL**

28. City & State: **FT. LAUDERDALE, FL**

24. Zip: **33301** 25. Country: **USA**

29. Zip: **33301** 30. Country: **USA**

3. Date Incorporated or Qualified: **03/13/1997**

4. FEI Number: **65-0753123**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax:  Yes  No

9. Name and Address of Current Registered Agent

**BRIER, STEVEN**  
**320 PLAZA RD**  
~~**SUITE 606**~~  
**BOCA RATON FL 33432**

10. Name and Address of New Registered Agent

81 Name: **STEVE BAKER**

82 Street Address (P.O. Box Number is Not Acceptable): **1402 E LAS OLAS BLVD**

83: **#143**

84 City: **FT. LAUDERDALE** 85 Zip Code: **FL 33301**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BRIER, STEVEN</b>	
STREET ADDRESS	<del><b>320 PLAZA RD, SUITE 606</b></del>	<b>1402 E LAS OLAS BLVD</b>
CITY-ST-ZIP	<del><b>BOCA RATON FL 33432</b></del>	<b>FT. LAUDERDALE FL 33301</b>
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>STEVEN BAKER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	<b>1402 E LAS OLAS BLVD #143</b>	
1.3 STREET ADDRESS	<b>FT. LAUDERDALE, FL, 33301</b>	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: **STEVEN BAKER** Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

CR2F034-11/98