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

PROFIT CORPORATION **ANNUAL REPORT**

1998

THE REPORT OF THE PROPERTY OF



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000027419 (5)

NLS MDM AIRPORT CORPORATION

FILED Apr 29 1998 8:00am Secretary of State

(IDRIGOU HA IDH	(80: 50:	

Principal Place	of Business	Mailing Address					
C/O 1800 CORPORATE BOULEVARD. N.W. SUITE 300 BOCA RATON FL 33431 C/O 1800 CORPORATE BOULEVARD. N.W. SUITE 300 BOCA RATON FL 33431			. N.W.	DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified 03/26/1997		
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number Applied For		
21		26			64074680/ Not Applicable		
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional		
22		27			Fee Required		
City & State	•	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
23 Zip	Country	28 Zip	Count	rv	Trust Fund Contribution		
24	25	29	30	.,	Personal Property Tax due June 30. Yes No		
	9. Name and Address of Curr				10. Name and Address of New Registered Agent		
	SANOFF, MICHAEL D		8	1 Name			
	O CORPORATE BOULEVARD,	N.W.	8	2 Street	Address (P.O. Box Number is Not Acceptable)		
	TE 300						
BO	CA FRATON FL 33431		8	3			
			8	4 City	FL 85 Zip Code		
11. Pursuant t	o the provisions of Sections 607.0	502 and 607.1508, Florida Sta	tules, the abo	ve-named	corporation submits this statement for the purpose of changing its registered		
office or re agent. I ar	egi ste red agent, or both, in the Sta m fam iliar with, and accept the obl	te of Florida. Such change wa igations of, Section 607.0505,	is authorized i Florida Statut	by the corp es.	poration's board of directors. I hereby accept the appointment as registered		
SIGNATURE							
	Signature, typed or printed name of registered a	igent and title if applicable (N ND DIRECTORS		gent signature	required when reinstating) DATE ADDITIONOLULIANOSES TO OCCUSEDE AND DIRECTORS IN 10		
12.	D OFFICENS A	DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 D, P		
NAME	MASANOFF, MICHAEL D		1.2 NAM		Kieles NOD 4.		
STREET ADDRESS	C/O 1800 CORPORATE BLV	D., N.W., SUITE 300	•	ET ADDRESS	SIELEC, NED L. 1800 CORPORATE BLUD, HW STE BOD		
CITY-ST-ZIP	BOCA RATON FL 33431		1.4 CITY		BOCA RATION FL 39/3/		
TITLE		☐ DELET E	2.1 TITLE		上 Change 足 Addition		
NAME			2.2 NAM	E	GRUNDT, BRUCE S. 1800 CAPORATE BLVD, NW STE 800		
STREET ADDRESS			23 STRE	et address	1800 CAPORATE BLVD, NO SIE GOO		
CITY-ST-ZIP			2. 4 CiTY		SOCA RATON, FL 35431		
TITLE		☐ DELETE	3.1 TITLE	1	☐ Change ☐ Addition		
NAME OTRUTT ADDRESS			3.2 NAMI				
STREET ADDRESS			3.3 STRE 3.4. CITY	ET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition		
NAME		<u></u> 3	4. 2 NAM				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP	_		4,4 CITY	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition		
NAME			5,2 NAMI				
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP		[-] _{per}	5.4 CITY				
TITLE		L. DELETE	6.1 TITLE	ŀ	[_] Change [_] Addition		
NAME			6.2 NAME	· ·			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP	ertify that the information supplied	with this filing does not qualify	6.4 City for the exem	ption state	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information		
indicated on this annual report or supplied 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 deceiver 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, a proper attachment with an address.							