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FILED
May 19, 1999 8:00 am
Secretary of State

05-19-1999 90005 007 *1,050.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000027419

1. Corporation Name

NLS MDM AIRPORT CORPORATION

Principal Place of Business

C/O 1800 CORPORATE BOULEVARD, N.W.
SUITE 300
BOCA RATON FL 33431

Mailing Address

C/O 1800 CORPORATE BOULEVARD, N.W.
SUITE 300
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/26/1997

4. FEI Number

64-0746801

Applied For

Not Applicable

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

2. Principal Place of Business

21 5000 Blue Lake Drive

Suite, Apt. #, etc.

22 Suite 150

City & State

23 Boca Raton FL

Zip

24 33431

Country

25 USA

2a. Mailing Address

26 5000 Blue Lake Drive

Suite, Apt. #, etc.

27 Suite 150

City & State

28 Boca Raton FL

Zip

29 33431

Country

30 USA

9. Name and Address of Current Registered Agent

MASANOFF, MICHAEL D
1800 CORPORATE BOULEVARD, N.W.
SUITE 300
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

Joel P. Koeppe1

82 Street Address (P.O. Box Number is Not Acceptable)

222 Lakeview Avenue

83

Suite 260

84 City

West Palm Beach

FL

85

Zip Code

33401

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **MASANOFF, MICHAEL D**
STREET ADDRESS **C/O 1800 CORPORATE BLVD., N.W., SUITE 300**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **DP** ☐ DELETE
NAME **SIEGEL, NED L**
STREET ADDRESS **1800 CORPORATE BLVD, STE 300**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **DVS** ☐ DELETE
NAME **GRUNDT, BRUCE S**
STREET ADDRESS **1800 CORPORATE BL D, STE 300**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **5000 Blue Lake Dr., S-150**
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **5000 Blue Lake Dr., S-150**
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)