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

PROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 03 1998 8:00am

Secretary of State

- A A BANKARA KARA KARAN KARAN BARKA BARKA BARKA BARKA KARAN BARKA BARKA BARKA BARKA BARKA BARKA BARKA BARKA B

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name P97000073047 (7)

MDR CONSULTANTS, INC.

Principal Place of Business Mailing Address					
ORLANDO FI		6079 PARROT DR ORLANDO FL 32825			
					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					08/22/1997
<u> </u>	lace of Business	2a. Mailing Address			4. FEI Number Applied For S9-3463323 Not Applicable
21 Suite Ant	# atc	26			
Suite, Apt. #, etc.		27			5. Certificate of Status Desired See Required
City & State			City & State		6. Election Campaign Financing \$5.00 May Be
23		⊢ ′	28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	,	8. This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30. 🔀 Yes 🔲 No
	9. Name and Address	of Current Registered Agent			10. Name and Address of New Registered Agent
FIN	VANCIAL FOUNDATIONS	S, INC.	81	Name	
2843 THAXTON DR #37			82	Street /	Address (P.O. Box Number is Not Acceptable)
PA	LM HARBOR FL 34684				
			83		•
			84	City	85 Zip Code
11. Pursuant t	to the provisions of Section egistered agent, or both, in	is 607.0502 and 607.1508, Florida St atutes	s, the abov	e-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			·		
		registered agent and title if applicable. (NOTE:	Registered Age	ent signature	required when reinstating) ADDITIONS CHANGES TO DESIGNED AND DIDECTORS IN 12
12.	P Or F II	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 P/S Addition
NAME	RICKET, MARTIN D	- bleefe	1.2 NAME		1-1/2 Ed quality vocation
STREET ADDRESS	8079 PARROT DR		1.3 STREET	ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32825	ŧ	1.4 CITY - 5	ı	
TITLE	OTIONIDO I E DEUZO	DELETE	2.1 T/TLE	1-215	Change X Addition
NAME			2.2 NAME		MARY R. RICKET
STREET ADDRESS			2.3 STREET ADDRESS		MARY R. RICKET 8079 PARROT DR
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		ORLANDO FI 32825
TITLE			3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET	ADDRESS	
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	
TITLE	DELETE		4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET	ADDRESS	
CITY-ST-ZIP			4.4 CITY-5	T-ZIP	
TITLE	DELETE		5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	ł	
STREET ADDRESS			5.3 STREET	ADDRESS	
CITY-ST-ZIP			5.4 CITY - S	T-ZIP	
TITLE	DELETE		6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	1	_
STREET ADDRESS			6.3 STREET	ADDRESS	
CITY-ST-ZIP			6.4 CITY - S		
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 tegal effect as if made under oath; that I am an					
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 of dustral 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.					
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MARTINI A RICKET