

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000093372 (5)

1. Corporation Name
BDC MCD, INC

Principal Place of Business
101 EAST ALTAMONTE DRIVE
APT. 834
ALTAMONTE SPRINGS FL 32701

Mailing Address
101 EAST ALTAMONTE DRIVE
APT. 834
ALTAMONTE SPRINGS FL 32701

FILED
Apr 16 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/30/1997

4. FEI Number
59-3476211

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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business
21 515 LIGHTNING TRAIL
Suite, Apt. #, etc.
22
City & State
23 Maitland FL
Zip
24 32751
Country
25 ORANGE
26 515 LIGHTNING TRAIL
Suite, Apt. #, etc.
27
City & State
28 Maitland FL
Zip
29 32751
Country
30 ORANGE

9. Name and Address of Current Registered Agent

MCDONALD, ANGIE
101 EAST ALTAMONTE DRIVE
APT. 834
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name Angie McDONALD
82 Street Address (P.O. Box Number is Not Acceptable)
515 LIGHTNING TRAIL
83
84 City Maitland FL 85 Zip Code 32751

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 *Angie McDonald* ANGIE McDONALD

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PRESIDENT	ANGIE L McDONALD	101 E ALTAMONTE DR APT 834	ALTAMONTE SPRINGS FL 32701	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE: *Angie McDonald, President* ANGIE McDONALD 3-11-98 407 2600534

CR2E034 (10/97)