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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000104876 1. Corporation Name

I. Corporation Name MODIC CD INC

MODIS GP. INC.

Mailing Address

Principal Place of Business
ONE INDEPENDENT DRIVE
JACKSONVILLE FL 32202

177 CROSSWAYS PARK DR. WOODBURY NY 11797

FILED Jul 22, 1999 8:00 am Secretary of State

07-22-1999 90005 030 ***150.00



2. Principal Place of Business 2. Mailling Address 2. Mailling Address 2. Mailling Address 2. Light Place of Business 2. Country Sand Place of Business 2. Election Campaign Financing Fee Required Fee Regulated State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or both, in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent or both, in the State of Florida Statutes. The August Fee Required Agent agents and registered agent or both, in the State of Florida Statutes. The August Fee Required Agent agents and registered Agent agents are from the purpose of changing its registered agent of directors. I hereby accept the appointment as registered agent of printed agent or both, in the State of Florida Statutes. The August Fee Required Fee Require
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9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301 82 Street Address (P.O. Box Number is Not Acceptable) 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 agent, are 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, are familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, hybed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstalling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DEWAN, DEREK E ONE INDEPENDENT DRIVE 12 NAME DEWAND, DEREK E ONE INDEPENDENT DRIVE 13 STREET ADDRESS ONE INDEPENDENT DRIVE 14 CITY-ST-ZP JACKSONVILLE FL 32202 DELETE 14 CITY-ST-ZP JACKSONVILLE FL 32202 DELETE 3 TITLE SEAUCH MESTALLA THE SURPLY DEPARTS CITY-ST-ZP JACKSONVILLE FL 32202 DELETE 3 TITLE VP LACKSONVILLE FL 32202 DELETE 3 TITLE SEAUCH MESTALLA THE SURPLY DEPARTS CHY-ST-ZP JACKSONVILLE FL 32202 DELETE 3 TITLE SEAUCH MESTALLA THE SURPLY DEPARTS CHY-ST-ZP JACKSONVILLE FL 32202 DELETE 3 TITLE SEAUCH MESTALLA THE SURPLY DEPARTS CHY-ST-ZP JACKSONVILLE FL 32202 DELETE 3 TITLE SEAUCH MESTALLA THE SURPLY DEPARTS CHARGE TO Change DAGGISTON Change DAGGISTON Change DAGGISTON ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THE SURPLY SEAUCH THE SURPLY DEPARTS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THE SURPLY SEAUCH
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301 82 Street Address (P.O. Box Number is Not Acceptable) 83 B4 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as 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 reinstaling) OATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 11. TITLE DEWAIN, DEREK E ONE INDEPENDENT DRIVE 13. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32202 14. CITY-ST-ZIP JACKSONVILLE FL 32202 DELETE 3. TITLE DELETE 3. TITLE ABDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DEWAIN, DEREK E ONE INDEPENDENT DRIVE 13. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32202 DELETE 3. TITLE ABOUT ST-ZIP JACKSONVILLE FL 32202 DELETE 3. TITLE VP POELETE 3. TITLE VP POELETE 3. TITLE SECURITARY OFFICERS 3. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32202 DELETE 3. TITLE SECURITARY OFFICERS TAKES VILLE FL 32202 CALE TUBE FLANDERS WAY 0, MICH OFFICERS THE TADDRESS CITY-ST-ZIP WOODBURY NY 11797 3. STREET ADDRESS CITY-ST-ZIP WOODBURY NY 11797
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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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

7-8-99

204-360-270y

Daytime Phone #





One Independent Drive · Jacksonville, Florida 32202-5060 Telephone: 904-360-2000 · Facsimile: 904-360-2814 www.modispro.com

July 6, 1999

Profit Corporation Annual Report - Modis GP, Inc. Re:

Florida Department of State Katherine Harris - Secretary of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Dear Ms. Harris:

We are requesting an abatement of the \$400 penalty perscribed in the Profit Corporation Annual Report Packet. The notification of any due funds was received too late to facilitate timely filing. The delay in receiving the notification was caused by the consolidation of functions into our corporate headquarters in Jacksonville. We are submitting the required annual fee of \$150 with the annual report.

Please send any additional requests to me at 1 Independent Drive, Jacksonville, FL 32202 and call me with any questions at 904-360-2704.

Thank you for your consideration on the abatement of the penalty.

Sincerely,

Gerald Robinson Tax Director









