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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$29838

(7)

MYDI, INC.

Principal Place of Business

Mailing Address

12011-1 S. CLEVELAND AVE. FT. MYERS FL 33907 12011-1 S. CLEVELAND AVE. FT. MYERS FL 33907-3751

FILED May 07 1997 8:00am Secretary of State



FT. MYERS FL 33907		FI. MTERS FL 33907-3751					
					3. Date Incorporated or Qualified 02/06/1991	3a. Date of La: 05/01/199	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For
21 26			-		65-0244231		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7	'5 Additional Required
City & Stat	0	City & State			6. Election Campaign Financing	\$5.	00 May Be
23		28			Trust Fund Contribution		
— Zip	Country	Zip	Соиг	itry	8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29	30			Yes No	
071	9, Name and Address of Currer	n Hegistered Agent		B1 Name	10. Name and Address of New Reg	istered Agent	
SIA	NDISH, DIANA			Name			ļ
1779-18 RED CEDAR DRIVE			[82 Street Address (P.O. Box Number is Not Acceptable)			
FI. I	MYERS FL 33907		-	83			
				9-3			
:			Ī	64 City		FL 85	Zip Code
11. Pursuant	to the provisions of Sections 607.050	22 and 607.1508, Florida Sta	atutes, the ab	ove-named cor	poration submits this statement for the pu	roose of changin	ng its registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505,	as aumonzeu , Florida Statu	tes.	tion's board of directors. I hereby accep-	i ine appoiniment	t as registered
SIGNATURE	Signature, typed or printed name of registered ag-	ent and tale 4 applicable (NO1E: Rogistered	Agent signature requ	red when reinstating)	DATE	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	TORS IN 12
TITLE	PD	☐ DELETE	1.1 101	E		Chan	ge Addition
NAME	STANDISH, J. PATRICIA		1.2 NAM	AF			
STREET ADDRESS	82 W. CIRCLE CT.	_	1.3 STR	EET ADDRESS			ļ
CITY-ST-ZIP	MENDOTA HEIGHTS MN 5511		1.4 CIT	Y-ST-ZIP			
TITLE	STD	☐ DELETE	21111	.E		Chan	ige 🔲 Addition
NAME	AVERY, DIANA		2.2 NAM	AE			
STREET ADDRESS	1779-18 RED CEDAR DR.		2.3 S1A	FET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL			Y-\$1-Z(P			
TITLE		☐ DÉLETÉ	3.1 101	E		Chan	ge [_] Addition
NAME			3.2 NAM	Í	±4.		
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP		DELETE		Y-S1-ZIP		7 0	no Balaisia
TITLE		רו סנונונ	4.1 1111			∟ Chan	ge [_] Addition [
NAME			4. 2 NA	1			ļ
STREET ADDRESS				EFT ADDRESS			
CITY-ST-ZIP TITLE		DELETE	5.1 TITL	Y-ST-ZIP		Chan	ge Addition
NAME		□ precit	5.1 HILL 5.2 NAM	·		L_3 Clian	iðe ETI Vogitigit
STREET ADDRESS				EFT ADDRESS			
			1				
CITY-ST-ZIP FITLE		DELETE	6.1 1(1)	(-S)-7IP		☐ Chan	ge Addition
NAME		المام وي	6.1 1110 6.2 NAM	t t		LJ Clian	go [_] risonibii
STREET ADDRESS				EE1 ADDRESS			ļ
CITY-ST-ZIP			6.4 CH	7-SI-7 P			

I do 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.

CICKIATURE.

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129/57 941-935-