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

PROFIT CORPORATION ANNUAL REPORT

1999

M & D ADVANTAGE, INC.

1. Corporation Name

DOCUMENT # \$43625



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90161 018 ***150.00

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Principal P ace	of Business	Mailing Address					i idailain ist ninnt illin aisin i	(99) Str. 91911 S	11811 BIBIT BIBIT) B.
355.N.W. 164 AVENUE 355.N.W. 164 AVENUE PEMBRORE PINGS EL 33028 PEMBRORE PINGS EL 33028			28				DO NOT WR	ITE IN THIS	SPACE	
							Pate Incorporated or Qualifed 14/08/1991	· ·		
Principal Place of Business Za. Mailing Address						4. FEI Number			Ap	rlied For
12813	oxen Way	26 Same			6	65-02530 <u>5</u> 6		No	t Applicable	
Suite, Act.	#, etc.	Suite, Apt. #, etc.			5. 0	Certificate of Status Desired		Fee Required		
City & State	in TX	City & State					lection Campaign Financing rust f und Contribution	\$5.00 May Be Added to Fees		
Zip	Cour try	Zip	Cou	ntry		8. T	his corporation owes the cu	rent year in		
24 7 <u>873</u>	2 25 11 WS	29	30	,			ersor al Property Tax.		Yes	□No
	9. Name and Address of Current	Registered Agent	_	<u> </u>		10. N	lame and Address of New	Registere d	Agent	
I E'LIT	rio, denise			81	Name					
355	N.W. 164 AVENUE			82	Street Ac d	dress (P.O. Box Number is Not Acceptable)				
Pt:M	BROKE PINES FL 33028			83						
				84	City			FL	85 Zip (Code
SIGNATURE	m familiar with, and as cept the obligati	and title if applicable (NOT)	. Registered		signature requir			DATE	ID DIRECTO	DES IN 42
12.	OFFICERS AND		13.			AL	DITICINS/CHANGES TO O	FFICERS	Change	☐ Addition
TITLE	P LEUTIO DENICE	☐ DELETE	11 TI							
NAMÉ	LEHTIO, DENISE	13 Oxen Way	1.2 N							
STREET ADDRE 3S	OOD II.IV. TOT AVEITUR				ADDRESS					
CITY-ST-ZIP	PEMBROKE PINES FL 33028 A	DELETE	2.1 TI	TY-ST-	ZIP -				Change	☐ Addition
TITLE			2.1 II							
NAME					ADDRESS					
STREET ADORE IS					Į.					
CITY-ST-ZIP		☐ DELETE	31TI	ITY-ST	-219				Change	Addition
TITLE			3.2 N							_
NAME					ADDRESS					ļ
STREET ADDRESS				ITY-ST						
CITY-ST-ZIP TITLE		☐ DELETE	411						Change	Addition
NAME			4.2 N							
			1		ADDRESS					
STREET ADDRESS				TY-ST-						
TITLE		☐ DELETE	5.1 Ti						Change	☐ Addition
NAME			5.2 N	AME						
STREET ADDRESS			538	REET/	ADDRESS					
CITY-ST-ZIP			5.4 C	TY-ST-	ZIP					
TITLE		☐ DELETE	6.1 Ti	TLE					Change	Addition
NAME			6.2 N	AME						
STREET ADDRESS			6.3 S	REET	ADDRESS					
CITY-ST-ZIP			6.4 C	TY-ST-	ZIP					
	certify that the information supplied with	this filing does not qualify fo	1			Section 1	119.07(3)(i) Florida Statutes	I further co-	rtify that the	information

indicate i on this annual report or supplied with this ming does not quality for the exemption stated in Section 13.07(3)(f), horizon stateds. Frame certify that the mindicate i on this annual report is 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 receive/por 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:

NAME OF SIGNING OFFICER OF DIRECTOR