FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S84212 (7)

1. Corporation Name

FLORIDA MLD, INC.

Principal Place of Business	Mailing Address
1332 HOMESTEAD ROAD SUITE B LEHIGH ACRES FL 33970 US	P.O BOX 311 LEHIGH ACRES FL 33970-0311 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/01/1991
3a. Date of Last Report: 07/12/1994
4. FEI Number: 65-0306203 — Applied For / Not Applicable
5. Certificate of Status Desired: X — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [ ] — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: [ ] Yes [X] No

2. Principal Place of Business
21: 1308 HOMESTEAD ROAD
22: Suite, Apt. # etc.
23: City & State: LEHIGH ACRES FL
24: Zip: 33936
25: Country: US

2a. Mailing Address
26:
27: Suite, Apt. # etc.
28: City & State
29: Zip
30: Country

9. Name and Address of Current Registered Agent

LEOPOLD, DANILO
1332 HOMESTEAD ROAD
SUITE B
LEHIGH ACRES FL 33936

10. Name and Address of New Registered Agent

81 Name: LEOPOLD DANILO
82 Street Address (P.O. Box Number is Not Acceptable): 1308 HOMESTEAD ROAD
83
84 City: LEHIGH ACRES FL
85 Zip Code: 33936

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: [signature] DANILO LEOPOLD PRESIDENT 04.27.95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	TITLE	[ ] Change [ ] Addition
NAME	LEOPOLD, MIRJANA	NAME	
STREET ADDRESS	904 JEFFERSON AVE.	STREET ADDRESS	
CITY-ST-ZIP	LEHIGH FL	CITY-ST-ZIP	
TITLE	PST	TITLE	[ ] Change [ ] Addition
NAME	LEOPOLD, DANILO	NAME	
STREET ADDRESS	904 JEFFERSON AVENUE	STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL	CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] MIRJANA LEOPOLD 04.27.95 (813)369-2203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0335840 CP