

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RESTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF REVENUE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S84212** (7)
1. Corporation Name
FLORIDA MLD, INC.



Principal Place of Business Mailing Address
~~1308 HOMESTEAD RD~~
LEHIGH ACRES FL 33936
US **P.O. BOX 311**
LEHIGH ACRES FL 33970-0311
US

3. Date Incorporated or Qualified **10/01/1991** 3a. Date of Last Report **05/01/1995**
4. FEI Number **65-0306203** 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 **302 LEE BLVD** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **104** 27
City & State City & State
23 **LEHIGH ACRES FL** 28
Zip Country Zip Country
24 **33936** 25 **LEE** 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEOPOLD, DANILO
~~1308 HOMESTEAD RD~~
LEHIGH ACRES FL 33936

81 Name **LEOPOLD DANILO**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **302 LEE BLVD SUITE 104**
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 typed for printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	LEOPOLD, MIRJANA	904 JEFFERSON AVE.	LEHIGH FL	<input type="checkbox"/>
PST	LEOPOLD, DANILO	904 JEFFERSON AVENUE	LEHIGH ACRES FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Daniilo Leopold* **DANILO LEOPOLD** **06.24.96 (941)-369-2203**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)