


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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90226 023 ***158.75



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S84212					
1. Corporation Name FLORIDA MLD, INC.					
Principal Place of Business 4565 NORTH OCEAN DRIVE LAUDERDALE BY THE SEA FL 33308 US			Mailing Address P.O. BOX 311 LEHIGH ACRES FL 33970-0311 US		
2. Principal Place of Business 21		2a. Mailing Address 26 4565 N. OCEAN DR.		3. Date Incorporated or Qualified 10/01/1991	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27 LAUDERDALE BY THE SEA		4. FEI Number 65-0306203	
City & State 23		City & State 28 FL 33308 BROWARD		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 29		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent LEOPOLD, DANILO 302 LEE BLVD SUITE 104 LEHIGH ACRES FL 33936			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 LAUDERDALE BY THE SEA 84 City 85 Zip Code FL 33308		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> DELETE			
NAME	LEOPOLD, MIRJANA				
STREET ADDRESS	904 JEFFERSON AVE.				
CITY-ST-ZIP	LEHIGH FL				
TITLE	PST	<input type="checkbox"/> DELETE			
NAME	LEOPOLD, DANILO				
STREET ADDRESS	904 JEFFERSON AVENUE				
CITY-ST-ZIP	LEHIGH ACRES FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME	D LEOPOLD MIRJANA				
1.3 STREET ADDRESS	4565 N. OCEAN DR.				
1.4 CITY-ST-ZIP	LAUDERDALE BY THE SEA FL 33308				
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME	PST LEOPOLD DANILO				
2.3 STREET ADDRESS	4565 N. OCEAN DR.				
2.4 CITY-ST-ZIP	LAUDERDALE BY THE SEA FL 33308				
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANILO LEOPOLD 03 07. 99 NY-7725477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

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