

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

85 MAY -1 AM 9:57

DOCUMENT # S87454

(2)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

LARSEN MMDS, INC.

Principal Place of Business

Mailing Address

2180 STATE ROAD 434 WEST
2130
LONGWOOD FL 32779
US

2180 STATE ROAD 434 WEST
2130
LONGWOOD FL 32779
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/14/1991

3a. Date of Last Report

04/19/1994

4. FEI Number

59-3112175

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

7. This corporation has liability for intangible tax under S. 199.022,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc
Suite 2130

26
Suite, Apt. #, etc
Suite 2130

22
City & State

27
City & State

23
City

28
City

24
State

29
State

25
County

30
County

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LARSEN, DAVID H
2180 STATE ROAD 434 WEST
SUITE 2130
LONGWOOD FL 32779

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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]

5/1/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME LARSEN, HANS H. (CHM.)
STREET ADDRESS 1849 BAYSHORE HIGHWAY
CITY, ST, ZIP BURLINGAME CA

1.1 TITLE DC ☒ Change ☐ Addition
1.2 NAME LARSEN, HANS H.
1.3 STREET ADDRESS 1849 BAYSHORE HIGHWAY, SUITE 321
1.4 CITY, ST, ZIP

TITLE D
NAME LARSEN, DAVID H.
STREET ADDRESS 2180 STATE ROAD 434 WEST, STE 2130
CITY, ST, ZIP LONGWOOD FL

2.1 TITLE DP ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 140.02(4)(b), Florida Statutes. I further certify that the information included 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, as changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95

(417) FC 2-8187