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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(2)

M & D ENTERPRISES NO. 2, INC.

Principal Place of Business	Mailing Address	<u></u>
1016 NE 25 AVE HALLANDALE FL 33309	1016 NE 25 AVE HALLANDALE FL 33309	
2. Principal Place of Business	2a. Mailing Address	

FILED Jan 21 1998 8:00am Secretary of State



					_			
Principal Place of Business Mailing Address								
1016 NE 25 AVE 1016 NE 25 AVE HALLANDALE FL 33309 HALLANDALE FL 33309					DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualified	
							05/22/1992	
2. Principal P	Place of Business	22.	Mailing Address				4. FEI Number Applied For	\dashv
21		26		•			65-0347384 Not Applicat	ole
		Suite, Apt. #, etc.				SS 75 Additional		
22					5. Certificate of Status Desired Fee Required			
City & State City & State					6. Election Campaign Financing \$5.00 May Be			
23 28		-,			Trust Fund Contribution			
Zip	Country		Zip Country		r	8. This corporation owes or has paid the current year Intangible		
24	9. Name and Address of Curre		29 30				Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	_
		m regist	ered Agent		81	Name	10. Name and Address of New Registered Agent	
,	CHWIND, GEORGE				oi Name			
	55 HOLLYWOOD BLVD				82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
nc.	DLLYWOOD FL 33020				83			
}								
					84	City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 60	7.1508, Florida Statu	les, the al	pove	e-named corpo		eđ
office or r	registered agent, or both, in the Stat Im familiar with, and accept the obli	e of Florida dations of	a. Such change was Section 607.0505. Fi	authorize orida Stat	d by tutes	y the corporations.	pration submits this statement for the purpose of changing its registered on a board of directors. I hereby accept the appointment as registered	i
SIGNATURE		.	,					
	Signature, typed or printed name of registered a				d Age	ant signature require		
12.	OFFICERS AI	ND DIREC	TORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Additional Additional Change Additional Change Additional Change Chang	
TITLE	PD Madonia, Fay		☐ OEFEIE	1.1 Ti			Crange S Addin	Dil
NAME	1016 NE 25 AVE			1.2 N/			·	
STREET ADDRESS	HALLANDALE FL					ADDRESS		1
CITY-ST-ZIP TITLE	VD VD		DELETE	1.4 CI 2.1 TC	$\overline{}$	1-ZIP 1	Change Additiv	_
NAME	NICOLICH, FRAN			2.2 N		i		٠ <u>٠</u>
STREET ADDRESS	95 WASHINGTON AVE					ADDRESS		
CITY-ST-ZIP	VALLEY STREAM NY					ST-ZIP		ľ
TITLE	STD		DELETE	3,1 T		31-23	☐ Change ☐ Additi	OD:
NAME	DI STEFANO, JOAN			32 NA			<u> </u>	
STREET ADDRESS	31 OCEAN TERR			3.3 ST	REET	ADDRESS		
CITY-ST-ZIP	STATEN ISLAND FL			3,4, C	ITY-S	ST-ZIP		- [
TITLE			DELETE	4.1 TI	TLE		☐ Change ☐ Additi	on
NAME				4.2 N	AME			
STREET ADDRESS				4.3 51	REET	ADDRESS		
CITY-ST-ZIP				4.4 CT	TY-S	T-ZIP		
TITLE			☐ DELETE	5.1 TI	TLE		Change Addition	on
NAME				5.2 NA	AME			1
STREET ADDRESS				5.3 ST	REET	ADDRESS		
CITY - ST - ZIP				5.4 Ct		T-ZIP		
TITLE			☐ DELETE	6.1 Tit		1	L_I Change L_I Addition	on
NAME				6.2 NA				
Street Address				6.3 ST	REET	ADDRESS		

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.

SIGNATURE:

SIGNATURE REQUIRED Fair mado