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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **V38277**

1. Corporation Name

M & D FNTFRPRISES NO. 2. INC.

ivid D LIVIEHTHISES NO. 2	, 1140.
Principal Place of Business	Mailing Address
1016 NE 25 AVE HALLANDALE FL 33309	1016 NE 25 AVE HALLANDALE FL 33309

FILED Jan 30, 1999 8:00am **Secretary of State**

01-30-1999 90007 016 ***150.00

, Principal Plac	ce of Business	Mailing Address					
1016 NE 25 A		1016 NE 25 AVE					
HALLANDALE	FL 33309	HALLANDALE FL 33309			DO NOT WRITE IN TH	IS SPACE	
				•	3. Date Incorporated or Qualifed	IO OI AOL	
					05/22/1992		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Ar	plied For
21	<u> </u>	26			65-0347384		t Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 / Fee Re	
City & Sta	te	City & State		•	6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution	Added t	
Zip	Country	Zip	Countr	у	8. This corporation owes the current year I	ntangible	
24	25	29	30		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Current	Registered Agent		41 11	10. Name and Address of New Registere	d Agent	
SCH	IWIND, GEORGE		8	1 Name			
	5 HOLLYWOOD BLVD		8:	2 Street Add	dress (P.O. Box Number is Not Acceptable)		4, 1
∯ HOI	LYWOOD FL 33020	•	8:	3		71,	
	,		84	4 City		85 Zip (Code
i San San San San San San San San San San				<u> L</u>	F	L ' '	J
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State o	f Florida, Such change was a	es, the abov uthorized by	ve-named corp	poration submits this statement for the purpose cion's board of directors. I hereby accept the app	of changing its ointment as re	registered gistered
agent. I a	am familiar with, and accept the obligati	ons of Section 607.0505. Flor	rida Statute	s.	non a pour a c. an actor c		·
agent. I a	am familiar with, and accept the obligati	ons of, Section 607.0505, Flo	rida Statute	s.	, , , , , , , , , , , , , , , , , , ,		
agent. I a	am familiar with, and accept the obligati	ons of, Section 607.0505, Flor and title if applicable. (NOTE:	rida Statute	s.	ed when reinstating) DATE		
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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.