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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # V61990

M & D UNIVERSITY ASSOCIATES, INC.

Principal Place of Business Mailing Address							
C/O MICHAEL 4100 N. HILLS HOLLYWOOD	FEINBERG DR	C/O MICHAEL FEINBERG 4100 N. HILLS DR. HOLLYWOOD FL 33021			DO NOT WRI	ITE IN THIS SPACE	
	,				3. Date Incorporated or Qualifed 09/08/1992		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number 65-0356578	<b>├─</b>	pplied For ot Applicable
Suitę, Apt.	-#; etc.—	Suite, Apt. #, etc.	<b>.</b>	a Property .	5. Certifcate of Status Desired	1 1	Additional equired
City-& Sta	te .	City & State			Election Campaign Financing     Trust Fund Contribution	1 1	May Be to Fees
Zip ·	Country 25	Zip 29	Country 30		This corporation owes the curr Personal Property Tax.	rent year Intangible ☐ Yes	□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New F	Registered Agent	
:	A STATE OF S	4	81	Name			
410	NBERG, MICHAEL O N. HILLS DR.	79 - 1 1 8 - 1	82	Street Address	ss (P.O. Box Number is Not Accepte	able)	
HUL	LYWOOD FL 33021		83				
			84	City		FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508. Florida Statute	es the above-	named cornora	ation submits this statement for the	purpose of changing its	registered
office or i	to the provisions of Sections 607.05	of Florida. Such change was at	es, the above- uthorized by th	-named corpora he corporation's	ation submits this statement for the s board of directors. I hereby accept	purpose of changing its	registered gistered
office or i	registered agent, or both, in the State am familiar with, and accept the obliga-	of Florida. Such change was at	es, the above- uthorized by th	-named corpora he corporation's	ation submits this statement for the 's board of directors. I hereby accep	purpose of changing its	registered gistered
office or i	registered agent, or both, in the State am familiar with, and accept the obliga-	of Florida. Such change was at ations of, Section 607.0505, Flor	es, the above- uthorized by the rida Statutes.	-named corpora he corporation's signature required wh	's board of directors. I hereby accep	purpose of changing its	registered gistered
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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 all other like empowered. an address, with all other like empowered

6.4 CITY-ST-ZIP

SIGNATURE:

**FILED** 

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90070 022 \*\*\*150.00