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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

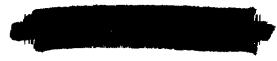
DOCUMENT #

76751

MAB Investment Properties, Inc.

Principal Place of Business Mailing Address

**FILED** May 28 1998 8:00am Secretary of State



46 N	. Washington Blvd. #:	L 46N. Washi	natan i	Stad #	<b>#1</b>
					DO NOT WRITE IN THIS SPACE
Sarasota, FL 34236		Savasota, FC 34236		360	3. Date Incorporated or Qualified
					September 16, 1485
	lace of Business	2a. Mailing Address			4. FEI Number Applied For
	Benehland Blud.	26 756 Beachla	nd Blac	١.	59 - 2580 + 28   Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc			5. Certificate of Status Desired See Required
City & State	Beach, FL	City & Stato 28 Jeve Bene.	W,FL		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees
Zip 24 329	Country 25	210 29 32763	Countr 30	у	8. This corporation owes or has paid the current year Inlangible Personal Property Tax due June 30. Yes No
	g. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
Tox	on Patterson		81		John E. Moore, III
* 46 N. Washington Blvd. #1				Street A	Address (P.O. Box Number is Not Acceptable) 56 Deachland Blvd.
			83		
3	arasota, FL 34231	Þ	84	City	Vero Beath FL 85 Zip Code
14 Pursuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statut	es the above		corporation submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the State c	f Florida. Such change was a	authorized b	v the corp	poration's board of directors. I hereby accept the appointment as registered
1	m familiar with, and accept the obligat	ions of, Section 607.0505, Fil	orida Statute	S.	5/7/94
SIGNATURE	Signarute typing or plotted name of registered agent	and the flappicable (NCT	E Registeren Ag	ent signature i	required when reinstating) DATE
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPST	☐ DELETE	1.1 TITLE		DEST Addillion
NAME	Michael Burcheut		1.2 NAME	Ì	Michael Burchert
STREET ADDRESS	46 N. Washington P	Nod. #1	1.3 STREE	T ADDRESS	756 Brachland Blud.
CITY-ST-ZIP	Sarasola, FL 342	36	1,4 CITY - S	ST - ZIP	kn Back, Fr 32663
TITLE		DELETÉ	2 1 TITLE		Change Addition C
NAME			2.2 NAME	Ì	
STREET ADDRESS			2 3 STREE	ADDRESS	
CITY-ST-ZIP	AND THE CONTRACT OF THE		2 4 CITY-	ST-ZIP	
TOTLE		DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET	ADDRESS	
CITY-ST-ZIP			3.4. CITY -	ST - ZIP	. 1
TITLE		☐ DELET <b>É</b>	4 1 TITLE	• • • • • • • • • • • • • • • • • • • •	/yange Andition
NAME )			4 2 NAME	1	106/0-1
STREET ADDRESS			4.3 STREET	ADDRESS	<pre></pre>
CITY - ST - ZIP			4.4 CITY - 5	ST- 710	11/90/
TATLE		DELETE	5.1 TITLE	-	Change Addition
NAME		<del></del> -	5.2 NAME		, =
STREET ADDRESS			5.3 STREET	ADORESS	
CITY - ST - ZIP			5.4 CITY - 9		
TITLE		DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME	}	600002541316
STREET ADDRESS			6.3 STREET	Anneess	-05/29/9801099042
STREET NOUTLESS			0.0 STREET	VDDII(99	444100 000 0100 010

14. Thereby 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