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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 25 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M72028

(7)

MEBCO ENTERPRISES, INC.

Principal Place	of Business		Ma	ailing Address								
C/O EDWARD R. FINK 2407 LAGUNA DR. FT. LAUDERDALE FL 33316				PO BOX 6628 FT. LAUDERDALE FL 33318-0060				:				
									 Date incorporated or Qualified 03/16/1988 		oate of Last F /01/1996	łeport
2. Principal Place of Business				2a. Mailing Address 26					4. FEI Number 65-0117135	Applied For Not Applicable		
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75	Additional
City & State				City & State					6. Election Campaign Financing			equired May Be
23				28					Trust Fund Contribution			to Fees
Zip 24	2	Country	29	Zip	30	Country	'		 This corporation has liability for Florida Statutes 		e tax under s	3. 199.032,
£41		nd Address of Currer		tered Agent	1001	\neg		***************************************	10. Name and Address of New			
FINK	(, EDWARD (R.				81	Nam	e				
2407 LAGUNA DR. FT. LAUDERDALE FL 33316						82	Stree	t Addres	ress (P.O. Box Number is Not Acceptable)			
FI. I	LAUDEHDAL	E FL 33310				83						
						84	City			FL	85 Zip	Code
office or r	egistered age rn familiar with	nt, or both, in the State i, and accept the oblig	of Floric ations of	da Such change wa f, Section 607.0505.	as author , Florida \$	rized by Statute:	y the co s.	orporatio	ration submits this statement for th n's board of directors. I hereby acc	cept the ap	of changing i pointment as	its registered registered
	Signature Typed or	printed name of registered age					ent signat	re required	when reinstating)	DATE	ID DISECTOR	OC IN 12
12.	В	OFFICERS AN	D DIREC	DELETE		13.		_ 	ADDITIONS/CHANGES TO OF	-ICERS AN	Change	Addition
TOLE	CANTA MA	DIA DETED		☐ perese		I.1 TITLE		1			Onlings	L_I Addition
NAME SANTA MARIA, PETER 2740 NE 48TH CT. + (POB 6628				ET AUD 33318\			1.2 NAME : 1.3 STREET ADDRESS					
STREET ADDRESS		ISE POINT FL 3306		_AOD.00010)				']				
CITY-S1-ZIP TITLE	V	OC 1 OH11 1 E OOOO		DELETE		1.4 CITY - S 2.4 TITLE	51-ZIP	+			Change	Addition
	•	ARIA, PETER J.			i i	2.2 NAME						
SANIA MARIA, PETER J. 2740 NE 48TH CT. + (POB 6628				FT. LAUD.33316)			2.3 STREET ADDRESS					
CITY ST. ZIP LIGHTHOUSE POINT FL 33084				2 102 100 10,		2. 4 CITY-ST-ZIP						
THE	S	DE (0 11 1 1 2 0 0 0 0	·	DELETE		3.1 TITLE	31-211	+			Change	Addition
NAME	FINK, EDV	/ARD				3.2 NAME						
STREET ADDRESS		UNA DR. + (POB 662	28 FT. I	LAUD. 33316)	1	1.3 STREET	F ADORES:	s				
City -S1 - ZIP		RDALE FL 33316				3.4. CITY~					,	
THE				DELETE		4.1 TITLE					Change	Addition
NAME					4	4. 2 NAME						
STREET ADDRESS					d	4.3 STREET	ADDRES	s				
C-TY+ST-ZIP						4.4 CITY- S	ST-ZIP					
Title				DELETE		5.1 TITLE	··, , ····				Change	☐ Addition
NAME					5	5.2 NAME		-				
\$TREET ADDRESS					5	5.3 STREET	T ADDRES	s				
CITY-ST-70P					٤	5.4 CITY~ S	ST-ZIP					
TITLE			***************************************	DELETE	E	6.1 TITLE					Change	☐ Addition
NAME					E	6.2 NAME					4	
STREET ADDIBLISS						6.3 STREE	T ADDRES	s l				

6.4 CITY-ST-ZIP

14. I do 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