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Apr 22, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M72028 (7)

1. Corporation Name
MEBCO ENTERPRISES, INC.

Principal Place of Business	Mailing Address
C/O EDWARD R. FINK 2407 LAGUNA DR. FT. LAUDERDALE FL 33316	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/16/1988

21. Principal Place of Business	2a. Mailing Address
21 2000 S. OCEAN DRIVE	2a P. O. BOX 460037
22 Suite, Apt. #, etc. PH-3	27 Suite, Apt. #, etc.
23 City & State FT. LAUDERDALE FL	28 City & State FT. LAUDERDALE FL
24 Zip 33316-3810	29 Zip 33346
25 Country US	30 Country US

4. FEI Number 65-0117135	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

FINK, EDWARD R. CAPTAIN
~~2407 LAGUNA DR.~~
~~FT. LAUDERDALE FL 33316~~

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable) 2000 S. OCEAN DRIVE	33316
83 PENTHOUSE 3	
84 City FT. LAUDERDALE FL	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	P SANTA MARIA, PETER
STREET ADDRESS	2740 NE 48TH CT. +(POB 6628 FT. LAUD.33316)
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064
TITLE	<input type="checkbox"/> DELETE
NAME	V SANTA MARIA, PETER J.
STREET ADDRESS	2740 NE 48TH CT. +(POB 6628 FT. LAUD.33316)
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064
TITLE	<input type="checkbox"/> DELETE
NAME	S FINK, EDWARD
STREET ADDRESS	2407 LAGUNA DR. +(POB 6628 FT. LAUD. 33316)
CITY-ST-ZIP	FT. LAUDERDALE FL 33316
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	2000 S. OCEAN DRIVE PA-3
3.4 CITY-ST-ZIP	FT LAUDERDALE FL 33316-3810
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE Edward R Fink EDWARD R FINK APRIL 8, 1999 (954)524-2889