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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90096 027 ***150.00

DOCUMENT # P93000021067

MRNZ GROUP, INC.

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Principal Place	e of Business	Mailing Address									iji ij liik il e iil		
801 W SR 436		801 W. STATE ROAD	801 W. STATE ROAD 436										
STE #1017		1017	• • • • • • • • • • • • • • • • • • • •				DO NOT WRITE IN THIS SPACE						
ALTAMONTE SPRINGS FL 32714 US		US SPHING	ALTAMONTE SPRINGS FL 32714			F	3. Date Incorporated or Qualifed						
US		00				1	03/22/		a quamo	•			}
2 Principal Pl	lace of Business	2a. Mailing Address					4. FEI Num					Apr	lied For
	ade of Baskiess	26	•			1	59-316	8976			1	\rightarrow	Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc			-	$\neg \neg$					\$8	3.75 A	dditional
22		27					5. Certifcate	e of Status	Desired		·	Fee Re	quired
City & State		City & State					6. Election	Campaign	Financing		\$	5.00	May Be
23		28					Trust Fur	nd Contribu	ition			Added to	Fees
Zip	Country	Zip	Co	ountry			8. This corp	oration ow	es the cur	rrent year			
24	25	29	30					Property T			Y•		Iæ No
	9. Name and Address of Curre	ent Registered Agent	. – –	04	<u> </u>		10. Name a	nd Addres	s of New	Register	ed Agent	t	
ноо	DD, MICHAEL		•	81	Name								
	W. STATE ROAD 436			82	Street	Address	s (P.O. Box N	lumber is N	lot Accep	table)	-		
#10°	· · · · · · · · · · · · · · · · · · ·			83									
	AMONTE SPRINGS FL 32714			83									
ALIA	ANOTHE OF THITOO I E OZI 14			84	City				.,		EL 85	Zip C	ode
44 Diversion	to the provisions of Sections 607.05	502 and 602 1508 Florida 9	Statutes the	above	-named	Corpora	ation submits	this statem	ent for the			ning its	registered
ri. Pursuam	registered agent, or both, in the State	to of Elorida Such change	vas authoriz	ed by 1	Hamca	voration's	s board of dir	ectors. I he	rehy acce	ent the ar	pointmen	t as rec	istered
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-788-0223