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Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90143 040 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000087809

1. Corporation Name
MRBD, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 98 VINEYARDS BOULEVARD, NAPLES FL 34119
 Mailing Address: 98 VINEYARDS BOULEVARD, NAPLES FL 34119

3. Date Incorporated or Qualified: 10/14/1998

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

4. FEI Number: 65-0873365
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent: ROGERS, ROBERT F, 98 VINEYARDS BOULEVARD, NAPLES FL 34119

10. Name and Address of New Registered Agent (81-85) fields.

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: [Signature] DATE: 1/5/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD PROCACCI, MICHAEL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	98 VINEYARDS BOULEVARD	1.2 NAME	
STREET ADDRESS	NAPLES FL 34119	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D ROSE, RON	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	210 MONTEREY DRIVE	2.2 NAME	
STREET ADDRESS	NAPLES FL 34119	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D PASCAVIS, BERYL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6611 GLEN ARBOR WAY	3.2 NAME	
STREET ADDRESS	NAPLES FL 34119	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D NEVIASER, DAN	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5890 VIA LAGANO	4.2 NAME	
STREET ADDRESS	NAPLES FL 34108	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VST ROGERS, ROBERT F	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	98 VINEYARDS BOULEVARD	5.2 NAME	
STREET ADDRESS	NAPLES FL 34119	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Robert Rogers DATE: 1/5/99 DAYTIME PHONE #: (941) 353-1551

CR2E034 (1/1/98)