

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortnam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V60865** (5)

1. Corporation Name  
**MB ENTERPRISES OF SOUTHWEST FLORIDA, INC.**



Principal Place of Business: **ROBERT MANDEL & STACEY BASIST  
6637 MIDDLESEX PL  
NAPLES FL 33942  
US**

Mailing Address: **850 NEOPOLITAN WAY  
NAPLES FL 33940**

3. Date Incorporated or Qualified <b>08/26/1992</b>	3a. Date of Last Report <b>03/09/1995</b>
4. FEI Number <b>65-0357358</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 <b>6637 MIDDLESEX PLACE</b>
22 City & State	27 City & State
23 Zip	28 <b>NAPLES, FL</b>
24 Country	29 Zip
25	30 <b>USA</b>

9. Name and Address of Current Registered Agent

**CONNOY, J. THOMAS ESQ.  
MORRISON & CONNOY  
975 SIXTH AVE. SOUTH  
NAPLES FL 33940**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> DELETE
	<b>SP MANDEL, ROBERT</b>	<b>6637 MIDDLESEX PL</b>	<b>NAPLES FL 33942</b>	
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> DELETE
	<b>VT BASIST, STACEY</b>	<b>6637 MIDDLESEX</b>	<b>NAPLES FL 33942</b>	
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY- ST- ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY- ST- ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY- ST- ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY- ST- ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Robert Mandel*

47-96

941-352-7890

CR2E034 (12/95)