


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

FILED  
Feb 10 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 486988 (9)					
1. Corporation Name MUBE INVESTMENTS, INC.					
Principal Place of Business 721 N.E. 8 AVE. APT 67 FT. LAUDERDALE FL 33304 US			Mailing Address 721 N.E. 8 AVE. APT 67 FT. LAUDERDALE FL 33304 US		
2. Principal Place of Business 21 4020 N.E. 27th Terrace Suite, Apt #, etc. 22 City & State 23 Lighthouse Point, FL Zip 33064 Country USA		2a. Mailing Address 26 P.O. Box 50164 Suite, Apt #, etc. 27 City & State 28 Lighthouse Point, FL Zip 33074 Country USA		3. Date Incorporated or Qualified 10/01/1975 4. FEI Number 65-0032113 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 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent EAKIN, DONALD W 2900 E. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33306				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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 reinstating) DATE					
12. OFFICERS AND DIRECTORS TITLE PD NAME CARTER, PHYLLIS M STREET ADDRESS 5555 NORTH OCEAN BLVD. #67 CITY-ST-ZIP FT. LAUDERDALE-FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PD 1.2 NAME CARTER, PHYLLIS M. 1.3 STREET ADDRESS 4020 N.E. 27th Terrace 1.4 CITY-ST-ZIP Lighthouse Point, FL 33064 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 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.					



DO NOT WRITE IN THIS SPACE

CR2E034 (1097)

SIGNATURE: Phyllis M. Carter

2/4/98 (954) 943-2717