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

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

曹田美 智

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Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 546432

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MAZUR, MICHAEL 3165 NW 84TH WAY

SUNRISE FL 33351

(6)

2a. Mailing Address

City & State

 $Z\phi$

Suite, Apt. #, etc.

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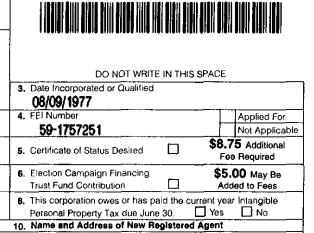
29

9. Name and Address of Current Registered Agent

MCB ENTERPRISES, INC.

Principal Place of Business	Mailing Address	
3165 NW 84 WAY	3165 NW 84 WAY	
SUMPLISE EL 22251	SUNDISE EL 33351	

FILED Apr 22 1998 8:00am Secretary of State



Street Address (P.O. Box Number is Not Acceptable)

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.

Country

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City

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office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE	Signature, typed or printed name of togisterial agent and	Hitle if applicable (NOTE:	Registered Agent signature requi	red when re-instating) DATE				
12,	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	PD	DELETE	1.1 TITLE		Change	Addition		
NAME	MAZUR, MICHAEL		1.2 NAME					
STREET ADDRESS	3165 N W 84 WAY		1.3 STREET ADDRESS					
CITY-ST-ZIP	S UNRISE FL		1.4 CITY - ST - ZIP		_			
TITLE	VST	☐ DELET E	2.1 TITLE		Change	☐ Addition		
NAME	Kresse, robert f		2.2 NAME					
STREET ADDRESS	3171 N W 84 WAY		2.3 STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·				
CITY-ST-ZIP	SUNRISE, FL 00000		2. 4 CITY - \$1 - ZIP					
TITLE		☐ DELETE	3.1 TITLE		Change	☐ Addition		
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4. CITY - ST - ZIP					
TITLE		☐ DELETE	4.1 TITLE		Change	☐ Addition		
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADORESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE		Change	☐ Addition		
NAME			5.2 NAME			Į		
STREET ADDRESS			5.3 STREET ADDRESS			İ		
CITY-ST-ZIP			54 CITY-ST-ZIP					
TITLE		☐ DELETE	61 THLE		Change	Addition		
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					

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14. Thereby certify that the information supplied with this Hind 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 and all proof 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 of the decivity or duste empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes of on a state of the corporation of the

11/11/10 MANAZIN 416-98 954-741-2267

CR2E034 (10/97)

Zip Code