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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 548903

1. Corporation Name

MBCA, INC.

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90095 005 ***150.00



Principal Place of Business		Mailing	Mailing Address				I SANGER BEING BENGE FREIM INDIE RUCE	10 1(41 019 11 01	OCT WINNI ASON	ישון וופוף ונפוף	
269 NORTH UNIVERSITY DRIVE		269 NO	269 NORTH UNIVERSITY DRIVE								
P.O. BOX 8007			P.O. BOX 8007				DO NOT WIDITE IN THIS SPACE				
PEMBROKE PINES. FL 33084 PEMBROKE PINES. FL . 330			3064			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				1	
-							10/11/1977				
2 Principal P	lace of Business	2a. Ma	iling Address				4. FEI Number		I A	pplied For	1
21	acc of Eddinosis	26					59-1856804		N	ot Applicable	1
Suite, Apt.	#, etc.		ite, Apt. #, etc.				5. Continue of Status Desired		\$8.75	Additional	1
22		27	27			5. Certifcate of Status Desired	Ш. <u></u>	Fee R	tequired	┧	
City & State	9	Cit	y & State				6. Election Campaign Financing		•	May Be	
23	· · ·	28					Trust Fund Contribution			to Fees	┨
Zip	Country	Zip	•		ıntry		8. This corporation owes the curre	ent year Inta	ingible Yes	Z No	
24	25	29	- Amont	30	1	 	Personal Property Tax. 10. Name and Address of New Re	egistered /			1
	9. Name and Address of Curre	int Kegistere	d Agent		81	Name	TO. Hallie alla Addisos of Heat I	ogiotoi <u></u> :			1
LAUI	retano, ralph J.	•									1
1474	11 S.W. 69TH ST.				82	Street Add	dress (P.O. Box Number is Not Acceptal	ole)			
FT. I	LAUDERDALE FL 33330				83						1
			•				1		ne Zie	Code	┨
				84	City	,	۴L	85 Zip	Code	Ì	
11. Pursuant	to the provisions of Sections 607 05	02 and 607.1	508, Florida Statut	tes, the a	bove	-named cor	poration submits this statement for the	ourpose of	changing it	s registered	
office or r	egistered agent, or both, in the State	e of Florida. S	such change was a	ほけりつりけんり	וז עם ב		tion's board of directors. I hereby accept	i ille appon	iniiciir as i	egistered	
agent. i a	m familiar with, and accept the oblig	ations of, Sec	ction 607.0505, Flo	orida Stati	utes.	ine corpora					
	m familiar with, and accept the oblig	ations of, Sec	ction 607.0505, Flo	orida Stati	utes.	, 10 00/pord	<u> </u>		·		
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if appl	licable. (NOTE	E: Registered	utes. I Agent		ired when reinstating)	DATE			
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if appl	icable. (NOTE	E: Registered	utes.		<u> </u>	DATE		ORS IN 12	
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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 fectiver 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADORESS

CITY-ST-ZIP