

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



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

FILED

99 MAR 23 PM 3: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #
A97000001977

M-BRO BLOK ENTERPRISES, LTD.

Mailing Address

% DR. WILLIAM J. EMBRO
832 NORTHWEST 57TH STREET
GAINESVILLE FL 32605

Principal Office Address

% DR. WILLIAM J. EMBRO
832 NORTHWEST 57TH STREET
GAINESVILLE FL 32605

3. Date Formed or Registered

09/12/1997

5a. Capital Contributions as
Shown on record

\$10,000.00

3a. Date of Last Report

04/10/1998

5b. Amount of Capital
Contributions in FLORIDA
to date

4. State or Country of Formation

FL

6. FEI Number 59-3505613
APPLIED FOR

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to Dept. of State (See reverse side for fee information)
158.75

9. Name and Address of Current Registered Agent

EMBRO, WILLIAM J DR.
832 NORTHWEST 57TH STREET
GAINESVILLE FL 32605

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

EMBRO RESEARCH CORPORATION

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

832 NORTHWEST 57TH ST

11b. City, State & Zip Code

GAINESVILLE FL 32605

11c. Registration/
Document Number

V64253

200002823342--S
-03/30/99--01045--003
****158.75 ****158.75

3-26-99

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Dr. William J. Embro

DATE

2-18-99

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

(352) 332-0082

CR2E003 (12/98)