

09161999-90014-007-\$558.75-\$558.75

1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

99 OCT -4 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDAPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000003862

1. Corporation Name

MP, INC. OF CALIFORNIA

Principal Place of Business

20 CORPORATE PARK, STE 200
IRVINE CA 92606

Mailing Address

20 CORPORATE PARK, STE 200
IRVINE CA 92606

9/16/99 90014 007 \$558.75

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/08/1998

4. FEI Number

931098328

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees8. This corporation owes the current year
Intangible Personal Property

Yes

No

2. Principal Place of Business

21 Suite, Apt #, etc

2a. Mailing Address

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BILLINGS, SHARON
4025 SHUTTLE COURT
MERRITT ISLAND FL 32953

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

PCD
BAUER, ROBERT R
20 CORPORATE PARK, STE 200
IRVINE CA☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

SD
BAUER, MAUREEN J
20 CORPORATE PARK, STE 200
IRVINE CA☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

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 is 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

9/8/99

Date

Daytime Phone #

CR2E034 (5/99)