

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

FILED
Jul 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT #
1. Corporation Name

H17700

MBE PASADENA, INC.

Principal Place of Business Mailing Address

6860 Gulfport Blvd. S 6860 Gulfport Blve. S
St. Petersburg, FL 33707 St. Petersburg, FL 33707

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		08/22/84	05/01/97
Suite Apt. #, etc.		Suite Apt. #, etc.		4. FEI Number	Applied For
22		27			Not Applicable
City & State		City & State		5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
23		28		6. Election Campaign Financing	☐ \$5.00 May Be Added to Fees
Zip		Zip		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
24		29		☒ Yes ☐ No	
Country		Country			
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Gordon, Kenneth A. 6860 Gulfport Blvd S. St. Petersburg, FL 33707				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

14. 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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	vp	☒ DELETE		11 TITLE	S/T	☐ Change	☒ Addition
NAME	Donald J. Stalendky			12 NAME	Jane M. Gordon		
STREET ADDRESS	6860 Gulfport Blvd. S			13 STREET ADDRESS	2502 Rocky Point Dr, Ste 660		
CITY-ST-ZIP	St. Petersburg, FL 33707			14 CITY-ST-ZIP	Tampa, FL 33607	☐ Change	☐ Addition
TITLE	VP/T	☒ DELETE		21 TITLE			
NAME	Susan E. Morris			22 NAME			
STREET ADDRESS	6860 Gulfport Blvd. S.			23 STREET ADDRESS			
CITY-ST-ZIP	St. Petersburg, FL 33707			24 CITY-ST-ZIP			
TITLE	PD	☐ DELETE		31 TITLE		☐ Change	☐ Addition
NAME	Gordon, Kenneth A.			32 NAME			
STREET ADDRESS	2502 Rocky Point Drive, Ste 660			33 STREET ADDRESS			
CITY-ST-ZIP	Tampa, FL 33607			34 CITY-ST-ZIP			
TITLE		☐ DELETE		41 TITLE		☐ Change	☐ Addition
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY-ST-ZIP				44 CITY-ST-ZIP			
TITLE		☐ DELETE		51 TITLE		☐ Change	☐ Addition
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		☐ DELETE		61 TITLE		☐ Change	☐ Addition
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 CITY-ST-ZIP			

14. I do 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.

SIGNATURE: *Kenneth A. Gordon* Kenneth A. Gordon, D/P 813-282-1115 X 206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)