

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

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

98 MAY 29 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K56272

1. Corporation Name

MVB & ASSOCIATES, INC.
(W98-11165)

Principal Place of Business

Mailing Address

775 KIRKMAN RD #110
ORLANDO, FL 32811

SAME

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	1-6-89	59-2935218	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	8.75 Additional Fee Required	
22	27	☒		
City & State	City & State	6. Election Campaign Financing	5.00 May Be Added to Fees	
23	28	Trust Fund Contribution	☐	
Zip	Zip	7. This corporation owes or has paid the current year Intangible		
24	29	Personal Property Tax due June 30.		☐ Yes ☐ No
Country	Country			
25	30			

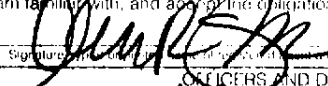
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARMEN R. SIMONE
775 KIRKMAN RD #110
ORLANDO, FL. 32811

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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:  CARMEN R. SIMONE 21 APR 98
(NOT: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	1.1 TITLE
NAME	1.2 NAME
STREET ADDRESS	1.3 STREET ADDRESS
CITY-ST-ZIP	1.4 CITY-ST-ZIP
TITLE	2.1 TITLE
NAME	2.2 NAME
STREET ADDRESS	2.3 STREET ADDRESS
CITY-ST-ZIP	2.4 CITY-ST-ZIP
TITLE	3.1 TITLE
NAME	3.2 NAME
STREET ADDRESS	3.3 STREET ADDRESS
CITY-ST-ZIP	3.4 CITY-ST-ZIP
TITLE	4.1 TITLE
NAME	4.2 NAME
STREET ADDRESS	4.3 STREET ADDRESS
CITY-ST-ZIP	4.4 CITY-ST-ZIP
TITLE	5.1 TITLE
NAME	5.2 NAME
STREET ADDRESS	5.3 STREET ADDRESS
CITY-ST-ZIP	5.4 CITY-ST-ZIP
TITLE	6.1 TITLE
NAME	6.2 NAME
STREET ADDRESS	6.3 STREET ADDRESS
CITY-ST-ZIP	6.4 CITY-ST-ZIP

REINSTATEMENT 97-9

BS 6/2

300002548913--6

06/05/98--01068--007

****758.75****758.75

300002548913--6

06/05/98--01068--008

****150.00****150.00

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  CARMEN R. SIMONE 21 APR 98
407 575-9545

CR2E034 (10/97)