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Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90024 003 ***900.00



PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # **K56590**

82-840-5724

1. Corporation Name
MR. BUBBLES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1294 N. CONGRESS AVENUE SUITE B WEST PALM BEACH FL 33463

Mailing Address
P.O. BOX 590065 BIRMINGHAM AL 35259

3. Date Incorporated or Qualified
01/09/1989

4. FEI Number
65-0102257

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

9. Name and Address of Current Registered Agent
**MECURIO, JOHN F
 1920 BELL LANE
 WEST PALM BCH FL 33409**

10. Name and Address of New Registered Agent
 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 title if applicable (NOTE: Registered Agent signature required when reinstating) | | DATE | |
|-----------------------------------|--|---|---|------|--|
| 12. OFFICERS AND DIRECTORS | | | | | |
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | BLOUNT, W. HOUSTON | 1.2 NAME | | | |
| STREET ADDRESS | 4117 OLD LEEDS LANE | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | BIRMINGHAM AL | 1.4 CITY-ST-ZIP | | | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | MCNEIL, JOHN A. | 2.2 NAME | | | |
| STREET ADDRESS | 916 BAMBI DR | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | DESTIN FL 32541 | 2.4 CITY-ST-ZIP | | | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | BLOUNT, DAVID D. | 3.2 NAME | | | |
| STREET ADDRESS | 3500 1ST AVE SOUTH | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | BIRMINGHAM AL 35222 | 3.4 CITY-ST-ZIP | | | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | MECURIO, JOHN F. | 4.2 NAME | | | |
| STREET ADDRESS | 1920 BELL LANE | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | W. PALM BEACH FL | 4.4 CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | 5.2 NAME | | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | 6.2 NAME | | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | | | |

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 2 or Block 13 if changed, or on an attachment with an address, with all other the approved.

SIGNATURE: *[Signature]* **3/26/99** **8239101 x101**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date Daytime Phone #

CR2E034 (1/198)