

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

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K 87087 1. Corporation Name MBP ASSOCIATES, INC.			
Principal Place of Business 1689 S. KIRKMAN RD. UNIT #133 ORLANDO, FL 32811		Mailing Address 1689 S. KIRKMAN RD. UNIT #133 ORLANDO, FL 32811	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		25 Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 5/9/1989		3a. Date of Last Report 5/1/96	
4. PEI Number 65-0123900		Applied For Not Applicable	
5. Certificate of Status Desired ☐		5b. Additional Fee Required \$5.75	
6. Election Campaign Financing Trust Fund Contribution ☐		6b. May Be Added to Fees \$5.00	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No			
8. Name and Address of Current Registered Agent DAY, ROBERT C. 1689 S. KIRKMAN RD. UNIT #133 ORLANDO, FL 32811		9. Name and Address of New Registered Agent 91 Name 92 Street Address (P.O. Box Number is Not Acceptable) 93 94 City FL 95 Zip Code	
11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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 607.0605, Florida Statutes.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing.) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP DPT DAY, ROBERT C. 1689 S. KIRKMAN RD. UNIT #133 ORLANDO, FL 32811		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP DPT DAY, PATRICIA A. 1689 S. KIRKMAN RD. UNIT #133 ORLANDO, FL 32811		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE		7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE		8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY - ST - ZIP ☐ Change ☐ Addition	
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: Robert C. Day, President
ROBERT C. DAY, PRESIDENT

4/29/97 407-291-3511