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

FILED
98 MAY 27 PM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L42521

1. Corporation Name
M.P.C. Enterprise, Inc.

Principal Place of Business
12189 U.S. Highway 1, Suite 51
North Palm Beach, Fl
33408

Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 12189 U.S. Highway 1
Suite, Apt. #, etc.
22 51
City & State
23 North Palm Bch. Fl
Zip
24 33408
County
25 Palm Bch.

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

3. Date Incorporated or Qualified
1-16-90

4. FEI Number
65-0168775
☐ Applied For
☐ Not Applicable

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 or has paid the current year Intangible Personal Property Tax due June 30 ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
Casey, Melanie
12189 U.S. Highway 1, #51
North Palm Beach, Fl. 33408

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 Section 607.0502 and 607.1505 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 _____ DATE

12. OFFICER/DIRECTOR

TITLE	P	☐ DELETE
NAME	Casey, Melanie	
STREET ADDRESS	12189 U.S. Highway 1, #51	
CITY-ST-ZIP	North Palm Beach, Fl 33408	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TB 6/1
AR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

700002549507--1
-06/05/98--01091--019
****150.00 ****150.00

CR2E034 (10/97)

14. I hereby certify that the corporation named in this report has not qualified for the exception stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental requirement 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 added by this report.

SIGNATURE: Melanie Casey 4/28/98 561-627-5746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number