

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

FILED

Jan 22 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 # **L74043** (5)

1. Corporation Name
M.B.C. CONSULTING SERVICES, INC.

Principal Place of Business
**7071 W BROWARD BLVD
PLANTATION FL 33317
US**

Mailing Address
**7071 W. BROWARD BLVD
PLANTATION FL 33317-2206
US**



3. Date Incorporated or Qualified **05/18/1990** 3a. Date of Last Report **03/07/1996**

2. Principal Place of Business 2a. Mailing Address
21 **6660 SUNSET STRIP** 26 **6660 SUNSET STRIP**

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **SUITE 3** 27 **SUITE 3**

City & State City & State
23 **SUNRISE FL** 28 **SUNRISE FL**

Zip Country Zip Country
24 **33313** 25 **US** 29 **33313** 30 **US**

4. FEI Number **65-0195082** 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**GREENE, RICHARD P., ESQ.
2455 E SUNRISE BLVD
SUITE 805
FT LAUDERDALE FL 33304**

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
NAME	MURPHY, MICHAEL A.	
STREET ADDRESS	7071 W BROWARD BLVD	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MURPHY, PAMELA M.	
STREET ADDRESS	7071 W. BROWARD BLVD	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BERRY, MARK E.	
STREET ADDRESS	7071 W BROWARD BLVD	
CITY-ST-ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MURPHY, MICHAEL A.	
1.3 STREET ADDRESS	6660 SUNSET STRIP SUITE 3	
1.4 CITY-ST-ZIP	SUNRISE FL	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MURPHY, PAMELA M.	
2.3 STREET ADDRESS	6660 SUNSET STRIP SUITE 3	
2.4 CITY-ST-ZIP	SUNRISE FL	
3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BERRY, MARK E.	
3.3 STREET ADDRESS	6660 SUNSET STRIP SUITE 3	
3.4 CITY-ST-ZIP	SUNRISE FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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: **Pamela M. Murphy / Pamela M. Murphy** 1/9/97 954-572-6655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)