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

DOCUMENT # M90061

(6)

MRB CONSTRUCTION INC

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| Mar | 19 | 1998 | 8:00am |
| Sec | cret | tary o | f State |
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| Principal Place of Business * MUNIE R. RUPMARAIN P.O. BOX 1010 OKLAWAHA FL 32179 **OKLAWAHA |
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| P.O. BOX 1010 OKLAWAHA FL 32179 P.O. BOX 1010 OKLAWAHA FL 32179 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/18/1988 2. Principal Place of Business 21 13520 E. Huy 15 26 Suite, Apt. #, etc. 22 |
| OKLAWAHA FL 32179 3. Date Incorporated or Qualified 07/18/1988 4. FEI Number Suite, Apt. #, etc. 59-3307373 Not Applied For Not Applied For Not Applied For Not Applied For Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State Country Zip Zip Country Zip Zip Country Zip Zip Zip Zip Zip Zip |
| 3. Date Incorporated or Qualified 07/18/1988 2. Principal Place of Business 3. Date Incorporated or Qualified 07/18/1988 4. FEI Number |
| 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Mailing Address 3. Fel Number 3. Applied For Not Applical 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing Fee Required 7. City & State 7. Country Fund Contribution Added to Fees 7. Country Fees and Added to Fees 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. Name 8. Name and Address of New Registered Agent 8. Name 8. Street Address (P.O. Box Number is Not Acceptable) 8. Street Address (P.O. Box Number is Not Acceptable) |
| 21 13520 E. Hwy 25 26 Suite, Apt #, etc. Suite, Apt #, etc. City & State City & State City & State Country Zip No Registered Agent RUPNARAIN, MUNIE R. RT 1 BOX 2194 OKLAWAHA FL 32879 |
| Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Added to Fees Zip Country April Country B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No B. Name and Address of Current Registered Agent RUPNARAIN, MUNIE R. RT 1 BOX 2194 OKLAWAHA FL 32879 Suite, Apt. #, etc. 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution Added to Fees Added to Fees Country B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) |
| 5. Certificate of Status Desired Fee Required City & State Country Exp Country Country Country State Country Country State Added to Fees Rupharain, Munic R. RT 1 BOX 2194 OKLAWAHA FL 32879 Exp City & State Country State Co |
| City & State City & Country Co |
| 23 OK (Q W Q W R , FL 28 Trust Fund Contribution Added to Fees Zip Country Zip S S W S S 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 RUPNARAIN, MUNIE R. RT 1 BOX 2194 OKLAWAHA FL 32879 S Trust Fund Contribution Added to Fees Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 8. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) |
| Zip Country Zip Country 24 33 9 3 25 U.S.A. 29 30 Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent RUPNARAIN, MUNIE R. RT 1 BOX 2194 OKLAWAHA FL 32879 Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) |
| 24 33 P3 25 U.S.A. 29 30 Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent RUPNARAIN, MUNIE R. RT 1 BOX 2194 OKLAWAHA FL 32879 30 Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) |
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| RT 1 BOX 2194 OKLAWAHA FL 32679 82 Street Address (P.O. Box Number is Not Acceptable) |
| RT 1 BOX 2194 OKLAWAHA FL 32879 82 Street Address (P.O. Box Number is Not Acceptable) |
| OKLAWAHA FL 32879 |
| 83 |
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| 84 City FL 85 Zip Codo |
| 11. Pursuant to the provisions of Sections 607.0562 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registers. |
| 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. |
| SIGNATURE |
| SIGNATURE Signature types of spinled trained of registered agent and talle if applicable (NOTE Registered Agent's greature required when reinstalling) DATE 12. OF FICERS AND DIRECTORS 1 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE P DELETE 11 TITLE Change And Directions in 12 |
| NAME RUPNARAIN, MUNIE R. 1.2 NAME |
| STREET ADDRESS RT 1 BOX 2194 1.3 STREET ADDRESS |
| CITY-ST-ZIP OKLAWAHA FL 1.4 CITY-ST-ZIP |
| TITLE DELETE 2.1 TITLE Change Additi |
| NAME RUPNARAIN, TULSIDEI 22 NAME |
| STREET ADDRESS P.O. BOX 1010 NA 23 STHEET ADDRESS |
| CITY-ST-ZIP OKLAWAHA FL 2 4 CITY-ST-ZIP |
| TITLE : · Change Addition |
| NAME 32 NAME |
| STREET ADDRESS 33 STREET ADDRESS |
| CITY-ST-ZIP 3.4. CITY-ST-ZIP |
| TITLE DELETE 4.1 TITLE Change Addition |
| NAME 4.2 NAME |
| STREET ADDRESS 4.3 STREET ADDRESS |
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| CITY-S1-ZIP 4.4 CITY-S1-ZIP |
| CITY-SI-ZIP 4.4 CITY-SI-ZIP TITLE DELETE 5.1 TITLE Change Addition |
| CITY-S1-ZIP 44 CITY-S1-ZIP TITLE DELETE 51 TITLE NAME 52 NAME |
| CITY-S1-ZIP 4.4 CITY-S1-ZIP TITLE DELETE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS |
| CITY-S1-ZIP 44 CITY-S1-ZIP TITLE DELETE 51 TITLE Change Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-S1-ZIP |
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| CITY-S1-ZIP 44 CITY-S1-ZIP TITLE DELETE 51 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-S1-ZIP 5.4 CITY-S1-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 12 or Block 13 if changed, or on an alternative with an address.