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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 28, 1999 8:00am

Secretary of State

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1, Corporation		376				01-28-1999	90040 047 ***1	50.00	
MFIREF	INCORPORATED								
Principal Plac	ce of Business	Mailis	ng Address			F 1484148 141 1144 1 1419	1911 1984 6 11 616 2	41411 8/8/1 818/1 8	1011 2121 [80]
1 WINEMASTEI LODI CA 95240 US			OX 87 DBRIDGE CA 95258			DO NO	T WRITE IN THIS	S SPACE	
	10 mm va (,)					3. Date Incorporated or Qu 04/01/1987	ualifed		
2. Principal F	Place of Business	2a. M	lailing Address			4. FEI Number		 	plied For
21		26		. •		94-1390044			t Applicable
Suite, Apt.	:	27	uite, Apt. #, etc.			5. Certificate of Status Des	ired	\$8./5:A Fee Re	Additional quired
City & Star	ite .	28	City & State			6. Election Campaign Fina Trust Fund Contribution	ncing	\$5.00 Added to	•
Zip	, Country	Zi	ip _	Country	'	8. This corporation owes th	ne current year In	tangible	
24	25	. 29		30		Personal Property Tax.	•	Yes	□No
	9. Name and Address of	Current Register	red Agent		· ·	10. Name and Address of	New Registered	Agent	
- DICI	PUALIC DÚIL			81	Name				
V 405	KHAUS, PHIL 0 13TH WAY NE			82	Street Add	tress (P.O. Box Number is Not A	cceptable)		
	PETERSBURG FL 33703			83		1 10 4 7 1 100 171 40 176 40 176 186 186 186 186 186 186 186 186 186 18	rettig 1-13. ft jeter feite.	Anton Ministration Althoropy with Sect. of	asar sata ass.
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	* .		•	84	City		9 - 12 - F 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	85 Zip C	Code
				·				i 1	
11. Pürsuant	t to the provisions of Sections 6	607.0502 and 607.	1508, Florida Statute	s, the above	e-named cor	poration submits this statement f	or the purpose of	changing its intract as rec	registered
11 Pürsuant office or i	to the provisions of Sections 6 registered agent, or both, in the am familiar with, and accept the	607.0502 and 607. e State of Florida. e obligations of, Se	.1508, Florida Statute Such change was au ection 607.0505, Flori	s, the above thorized by da Statutes	e-named cor the corporat	poration submits this statement fi ion's board of directors. I hereby		f changing its intment as reg	registered gistered
11. Pursuant office or 3 agent. I a				•			or the purpose of accept the appo	= changing its intment as reg	registered pistered
SIGNATURE	Signature, typed or printed name of regis	stered agent and title if ap	plicable (NOTE:	Registered Agen		red when reinstating)	or the purpose of accept the appo		
SIGNATURE	Signature, typed or printed name of regist		plicable (NOTE:	Registered Agen		ed when reinstating)}}};gey_f	or the purpose of accept the appo	ND DIRECTO	RS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registry OFFICE	stered agent and title if ap	plicable (NOTE:	.13.		red when reinstating)	or the purpose of accept the appo		
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registry of the state	stered agent and title if ap	plicable (NOTE:	.13. 1.1 TITLE 1.2 NAME	nt signature requir	ed when reinstating)}}};gey_f	or the purpose of accept the appo	ND DIRECTO	RS IN 12
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SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registry of the state	stered agent and title if ap	plicable (NOTE:	.13. 1.1 TITLE 1.2 NAME	nt signature requir	ed when reinstating)}}};gey_f	or the purpose of accept the appo	ND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registroscopic of the control	stered agent and title if ap	pilicable (NOTE: 1	.13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	nt signature requir	ed when reinstating)}}};gey_f	or the purpose of accept the appo	ND DIRECTO ☐ Change	RS IN 12
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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 attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

209 365-9463