FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 11 PM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P20244 (0)

1. Corporation Name

MQP ENTERPRISES, INC.

Principal Place of Business	Mailing Address
PALM BEACH INT'L AIRPORT WEST PALM BCH FL 33406 US	5823 LAKE WORTH RD 150 LAKE WORTH FL 33463 US

2. Principal Place of Business — 21, 22 Suite, Apt. #, etc., 23 City & State, 24 Zip, 25 Country

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

3. Date Incorporated or Qualified: 07/28/1988

3a. Date of Last Report: 04/04/1994

4. FEI Number: 58-1643312 — 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	10. Name and Address of New Registered Agent
PHILLIPS, STEPHEN F. 3647 CYPRESS EDGE DR LAKE WORTH FL 33467	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

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	1 TITLE	☐ Change ☐ Addition
NAME	PHILLIPS, STEPHEN F.	1 NAME	
STREET ADDRESS	3647 CYPRESS EDGE DR	1 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	1 CITY-ST-ZIP	
TITLE	VST	2 TITLE	☐ Change ☐ Addition
NAME	PHILLIPS, JUDITH C.	2 NAME	
STREET ADDRESS	3647 CYPRESS EDGE DR	2 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	2 CITY-ST-ZIP	
TITLE	V	3 TITLE	☐ Change ☐ Addition
NAME	PHILLIPS, CHRISTOPHER R.	3 NAME	
STREET ADDRESS	13709 S REDWOOD RD	3 STREET ADDRESS	
CITY-ST-ZIP	RIVERTON UT	3 CITY-ST-ZIP	
TITLE	V	4 TITLE	☐ Change ☐ Addition
NAME	DODD, JOHN	4 NAME	
STREET ADDRESS	2209 NINTH ST STE 701	4 STREET ADDRESS	
CITY-ST-ZIP	TUSCALOOSA GA	4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Judith C. Phillips — Judith C. Phillips 5-2-95 407-434-4414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0271643 CP