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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90195 012 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000000157

1. Corporation Name
MIDA GROUP, INC.



Principal Place of Business
10103 9TH STREET NORTH
SUITE A
ST PETERSBURG FL 33716
US

Mailing Address
10103 9TH STREET NORTH
SUITE A
ST. PETERSBURG FL 33716
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/31/1992

4. FEI Number
59-3158099

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 the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STUART, JUDITH A.
10103 9TH STREET NORTH SUITE A
ST. PETERSBURG FL 33716

81 Name VAN BUTSEL, MICHAEL R.

82 Street Address (P.O. Box Number is Not Acceptable)
1510 JUNGLE AVENUE

83

84 City ST. PETERSBURG FL 85 Zip Code 33710

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 *Michael R. Van Butsel*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE 4/13/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BARGER, JOANN E.
STREET ADDRESS 502 APPIAN WAY NE
CITY-ST-ZIP ST. PETERSBURG FL ☐ DELETE

1.1 TITLE V.
1.2 NAME VAN BUTSEL, MICHAEL R.
1.3 STREET ADDRESS 1520 JUNGLE AVENUE
1.4 CITY-ST-ZIP ST. PETERSBURG, FL 33710 ☐ Change ☒ Addition

TITLE S
NAME STUART, JUDITH A.
STREET ADDRESS 557 PINELLAS BAYWAY #113
CITY-ST-ZIP TIERRA VERDE FL ☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☒ Addition

TITLE T
NAME GORNIK, KAREN R.
STREET ADDRESS 4078 AUSTON WAY
CITY-ST-ZIP PALM HARBOR FL ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 a different like empowered.

SIGNATURE: *Joann E. Barger*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99

Daytime Phone #

CR2E034 (11/98)