

OND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P930000121461** ✓  
Corporation Name  
**M.B. DESIGN GROUP INC.**

Principal Place of Business <b>5 CORPORATE WAY PALM BEACH FL 33407</b>	Mailing Address <b>5725 CORPORATE WAY 105 W. PALM BEACH FL 33407 US</b>
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**FILED**  
**Sep 07, 1999 8:00 am**  
**Secretary of State**  
09-07-1999 90002 034 \*\*\*550.00



Principal Place of Business <b>1399 N. Killian Dr.</b>	2a. Mailing Address <b>1399 N. Killian Dr.</b>
Suite, Apt. #, etc. <b>Suite 2</b>	Suite, Apt. #, etc. <b>Suite 2</b>
City & State <b>LAKE PARK, FL</b>	City & State <b>LAKE PARK, FL</b>
Zip <b>33403</b>	Zip <b>33403</b>
Country <b>USA</b>	Country <b>USA</b>

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>02/12/1993</b>	
4. FEI Number <b>65-0392077</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BERG, MARJORIE G  
2809 EMBASSY DRIVE  
W. PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input checked="" type="checkbox"/> DELETE	<b>D MALTZ, ALISA 10270 ALAMANDA BLVD PALM BEACH GARDENS FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	<b>D BERG, MARJORIE G 2809 EMBASSY DRIVE W. PALM BEACH FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.

SIGNATURE: **Marjorie G. Berg** **8/30/99**

CR2E034 (5/99)