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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000018956 (1)

1. Corporation Name

M-B EXCLUSIVE, INC.



Principal Place of Business

C/O TOM HOWARD  
1375 N KILLIAN DR  
LAKE PARK FL 33403  
US

Mailing Address

C/O TOM HOWARD  
1375 N KILLIAN DR  
LAKE PARK FL 33403  
US

3. Date Incorporated or Qualified  
03/12/1993

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

HOWARD, THOMAS M  
1375 N KILLIAN DRIVE  
LAKE PARK FL 33403

10. Name and Address of New Registered Agent

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 607.1502, 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 607.0503, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Change of Registered Agent

Signature of Registered Agent or Change of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME           | STREET ADDRESS       | CITY-STATE-ZIP | DELETE                   |
|-------|----------------|----------------------|----------------|--------------------------|
| DPS   | HOWARD, THOMAS | 1375 N KILLIAN DRIVE | LAKE PARK FL   | <input type="checkbox"/> |
| TITLE | NAME           | STREET ADDRESS       | CITY-STATE-ZIP | DELETE                   |
| TITLE | NAME           | STREET ADDRESS       | CITY-STATE-ZIP | DELETE                   |
| TITLE | NAME           | STREET ADDRESS       | CITY-STATE-ZIP | DELETE                   |
| TITLE | NAME           | STREET ADDRESS       | CITY-STATE-ZIP | DELETE                   |
| TITLE | NAME           | STREET ADDRESS       | CITY-STATE-ZIP | DELETE                   |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1. TITLE  | 2. NAME  | 3. STREET ADDRESS  | 4. CITY-STATE-ZIP  | 5. CHANGE                | 6. ADDITION              |
|-----------|----------|--------------------|--------------------|--------------------------|--------------------------|
| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-STATE-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-STATE-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-STATE-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-STATE-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-STATE-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-STATE-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |

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)(k), 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; that the recorder 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 attached sheet with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas M. Howard

3/14/96

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CR2E034 (12/95)