

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000058509 (9)**

1. Corporation Name

MWP BROKER AND CONSULTING SERVICE, INC.



Principal Place of Business

**1586 ROYAL FERN ALNE
SUITE 104
PRANGE PARK FL 32073
US**

Mailing Address

**1586 ROYAL FERN ALNE
SUITE 104
ORANGE PARK FL 32073
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Zip

Country

Country

24

29

25

30

9. Name and Address of Current Registered Agent

**GRANT, WILLIAM H III
859 PARK AVE.
SUITE 104
ORANGE PARK FL 32073**

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

Signature, typed or printed name of registered agent or director (if applicable)

(Delete Registered Agent signature space if not changing)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DPST

☐ DELETE

1. TITLE

☐ Change ☐ Addition

NAME

PHEBUS, MEHRL W

2. NAME

STREET ADDRESS

1586 ROYAL FERN LANE

13. STREET ADDRESS

CITY-ST-ZIP

ORANGE PARK FL

14. CITY-ST-ZIP

TITLE

D

☐ DELETE

2. TITLE

☐ Change ☐ Addition

NAME

PHEBUS, CHARLOTTE E

2. NAME

STREET ADDRESS

1586 ROYAL FERN LANE

2.3. STREET ADDRESS

CITY-ST-ZIP

ORANGE PARK FL 32073

2.4. CITY-ST-ZIP

TITLE

☐ DELETE

3. TITLE

☐ Change ☐ Addition

NAME

3. NAME

STREET ADDRESS

3.3. STREET ADDRESS

CITY-ST-ZIP

3.4. CITY-ST-ZIP

TITLE

☐ DELETE

4. TITLE

☐ Change ☐ Addition

NAME

4. NAME

STREET ADDRESS

4.3. STREET ADDRESS

CITY-ST-ZIP

4.4. CITY-ST-ZIP

TITLE

☐ DELETE

5. TITLE

☐ Change ☐ Addition

NAME

5. NAME

STREET ADDRESS

5.3. STREET ADDRESS

CITY-ST-ZIP

5.4. CITY-ST-ZIP

TITLE

☐ DELETE

6. TITLE

☐ Change ☐ Addition

NAME

6. NAME

STREET ADDRESS

6.3. STREET ADDRESS

CITY-ST-ZIP

6.4. 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)(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 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: **MEHRL W. PHEBUS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-96

901 278 1887

CR2E034 (12/95)