

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90091 050 ***150.00

DOCUMENT # P94000001147

1. Corporation Name

MBE INTERNATIONAL INC.

Principal Place of Business

231 CHARITY COURT
NAPLES FL 34112
US

Mailing Address

231 CHARITY COURT
NAPLES FL 34112
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1994

4. FEI Number

65-0457815

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

21 944 SPYGLASS LANE

2a. Mailing Address

26 944 SPYGLASS LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 NAPLES, FLORIDA

27

23 34102 NAPLES, FL COLLIER

28 NAPLES, FL

Zip Country

24 34102 25 COLLIER

Zip Country

29 34102 30 COLLIER

9. Name and Address of Current Registered Agent

EASTON, BARBARA E.
231 CHARITY COURT
NAPLES FL 34112

10. Name and Address of New Registered Agent

81 Name EASTON, BARBARA E.

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

83 944 SPYGLASS LANE

84 City NAPLES

FL

85 Zip Code

34102

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME PO
STREET ADDRESS EASTON, BARBARA E.
CITY-ST-ZIP 231 CHARITY COURT
NAPLES FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PO
1.2 NAME EASTON, BARBARA E.
1.3 STREET ADDRESS 944 SPYGLASS LANE
1.4 CITY-ST-ZIP NAPLES, FL 34102

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE:

Barbara E. Easton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/99

Date

941-793-0884

Daytime Phone #

CR2E034 (11/98)