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

DOCUMENT # P9400004418

MBG INDUSTRIES, INC.

Principal Place	e of Business	Mailing Address					
9800 N.W. 47TH DR.		9800 N.W. 47TH DR.					
CORAL SPRINGS FL 33076-2602		CORAL SPRINGS FL 33076-2602		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
					01/18/1994		. '
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			65-0485386		Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				\$8.75	Additional
22		27			5. Certifcate of Status Desired	Fee	Required
City & State		City & State		6. Election Campaign Financing	_ \$5.0	0 May Be	
23		28			Trust Fund Contribution	Adde	d to Fees
Zip	Country	Zip	Countr	у	8. This corporation owes the curren	t year Intangible	,
24	25	29	0		Personal Property Tax.	☐ Yes	№ No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	gistered Agent	
			8	Name			
GUSACK, MARK 9800 N.W. 47TH DR.				2 Street Address (P.O. Box Number is Not Acceptable)			
				0.00	Street Address (F.O. Box Number is Not Newspideloy		
COR	IAL SPRINGS FL 33076-2602		8	3	The state of the s		
			8-	City		95 7	p Code
					- suppression	FL S	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the abo	re-named corporation	oration submits this statement for the pu on's board of directors. I hereby accept t	rpose of changing he appointment as	its registered registered
i omce or r	egistered agent, or both, in the State of	i i lulida. Sucii cilalige was aut			sit a board of anootore		, • 3
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	da Statute	s.			
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	ia Statute	s.			
agent, I a SIGNATURE	m familiar with, and accept the obligation	ons of, Section 607.0505, Floric and title if applicable. (NOTE: R	da Statute Registered Ag	S. ent signature required	d when reinstating)	DATE	
agent. I a SIGNATURE 12.	m familiar with, and accept the obligati	ons of, Section 607.0505, Floric and title if applicable (NOTE: R D DIRECTORS	tegistered Ag	s.	d when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIREC	FORS IN 12
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6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 part in attachment with an address, with all other like empowered.

SIGNATURE:

NAME

STREET ADDRESS

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90025 028 ***158.75