**PROFIT CORPORATION** ANNUAL REPORT ///1/1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**  May 11, 2000 8:00 am Secretary of State 05-11-2000 90278 045 \*\*\*158.75

DOCUMENT # P94000025893 (6)

2000

1. Corporation Name

MBA GRAPHICS OF TAMPA, INC.

Principal Place of E	Business	
201 KE	LSEY	LAN
TAMPA.	FL	3361

Mailing Address

950371

201	KELSEY LANE	P.O. BOX 50	59				0 0	
TAMP	IPA, FL 33619 TAMPA, FL 33675-5059			<i></i>	DO NOT WRITE IN THIS SPACE			
					3. Date In 0.4 /	corporated or Qualifed 04/1994	TE IN THIS SPACE	
2 Princinal Pi	ace of Business	2a. Mailing Address			4. FEI Nu	<u> </u>	112	Applied For
.! .!		26				3243446	<del>  -</del>	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			1		\$8.75	Additional
.1		27			5. Certifca	ite of Status Desired	NO :	Required
City & State	•	City & State	•		6. Election	Campaign Financing	<b>\$5.00</b>	) May Be
•!	<b>Y</b>	28			Trust F	und Contribution	1 1	to Fees
Zip	Country	Zip Country		8. This corporation owes the current year Intangible				
:!	25	29 30			Personal Property Tax. Yes No			
	9. Name and Address of Current	Registered Agent	8.	1 Name	10. Name	and Address of New R	tegistered Agent	
	. /		"	1 Name	BUSINESS	FINANCE L	AWYER, P.A	
LEGA	L ASSETS .		82			Number is Not Accepta		
1401	BRICKELL AVENUE		8:	3				
SUIT	E ∕/00		6	20	0 S. BIS	CAYNE BLVD	., SUITE 3	410
MIAM	1, FL 33131		84		MIAMI			3131
11 Purcuant	to the provisions of Sections 607.050	and 607 1508 Florida Statut	tes the abov	vo namet e		this statement for the		
office or re	to the provisions of Sections 607.0502 egister of eacht, or both, in the State of m familiar fath, and accept the obligat	of Florida. Just change was a	outhorized by	y the Corpo	ration's board of d	rectors. I hereb accep	t the appointment as	egistered
agent. I ai	n familiar with, and accept the obligat	ions of Section 607.05057 flo	nda Strute	<b>576</b>	ALL ST	the Wall	+ 460/3	احما
SIGNATURE	Signature, typed or printed name of registered agent	and little if province by	: Register A	ent signatura re	qui'ed wen reinstating)	T. C. CHO	4 / DY/O	
12.	OFFICERS ANI	<del>-</del>	13.			NS/CHANGES TO OFF	FICERS AND DIRECT	ORS IN 12
TTLE	PSD	☐ DELETE	1.1 TITLE		$\overline{V}$		Change	
IAME	MANDT, RICHARD	D -	1.2 NAME	.				
TREET ADORESS	116 ADALIA AVEN		1.3 STREE	ET ADDRESS				
ITY-ST-ZIP	TAMPA, FI.	101	1,4 CITY-1	ST-ZDP				
TILE	VASD	☐ DELETE	2.1 TITLE				Change	☐ Addition
IAME	MANDT, JUDITH		2.2 NAME	į				
TREET ADDRESS	116 ADALIA AVEN	JIE	2.3 STREE	ET ADDRESS				
rTY-ST-ZIP	TAMPA, FL	· · · · · · · · · · · · · · · · · · ·	2. 4 CITY-	ST-ZIP				
TLE	DAS	☐ DELETE	3.1 TTLE		DAS		<b>∑</b> Change	Addition
AME	MANDT, A.J.M.		3.2 NAME		MANDT,			
TREET ADDRESS	18115 SWEET JAS	MINE DR.	3.3 STREE	ET ADDRESS		FREMONT AV	VE. #504	
ITY-ST-ZIP	TAMPA, FL		3.4. CITY-		TAMPA,	FL		
mue	D	☐ DELETE	4.1 TITLE		$\mathbf{D}_{\mathbf{x}_{1},\ldots,\mathbf{x}_{r}}^{\mathbf{x}_{r},\ldots,\mathbf{x}_{r}}$	•	₩ Change	Addition
IAME	MANDT, SAMUEL E		4. 2 NAME		•	SAMUEL P.		
TREET ADDRESS	4003 S. WESTSHO	RE BL #1005	4.3 STREE	ET ADDRESS	116 AD	ALIA AVENUI	Ξ <sub>.</sub>	
ITY-ST-ZIP	TAMPA, FL		4.4 CITY-	ST-ZIP	TAMPA,	FI.		- DAddision
TTLE		☐ DELETE	5.1 TITLE 5.2 NAME				☐ Change	Addition
AME	• (			ET ADDRESS		4		
TREET ADDRESS			5.4 CITY-1	· .		,		
ITY-ST-ZIP !	·	☐ DELETE	6.1 TITLE	OL-CIF	<del>-</del>	:	Change	Addition
	•	. Deceie	6.2 NAME				Change	
TREET ADODESS	·			ET ADDRESS	. •			
TREET ADORESS		,	6.4 CITY-1	- 1	•			
ITY-ST-ZIP			J. 7 GA. 1 - 1					

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 agreetachment with an address, with all other like empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR