

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000029374 (3)

1. Corporation Name

M.E.B. ENTERPRISES, INC.



Principal Place of Business

6466 LAKE WORTH ROAD
LAKE WORTH FL 33463

Mailing Address

6466 LAKE WORTH ROAD
LAKE WORTH FL 33463

2. Principal Place of Business

21 6464 LAKE WORTH ROAD

Suite, Apt. #, etc.

22 City & State

23 LAKE WORTH FL

24 Zip

33463

Country

25 Palm Beach

2a. Mailing Address

26 6464 LAKE WORTH ROAD

Suite, Apt. #, etc.

27 City & State

28 LAKE WORTH FL

29 Zip

33463

Country

30 Palm Beach

3. Date Incorporated or Qualified

04/18/1994

3a. Date of Last Report

05/01/1995

4. FET Number

65-0483443

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BAKER, MIKE

6466 LAKE WORTH ROAD
LAKE WORTH FL 33463

10. Name and Address of New Registered Agent

81 Name MIKE BAKER

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

83 6464 LAKE WORTH ROAD

84 City LAKE WORTH

FL

85 Zip Code 33463

11. Pursuant to the provisions of Sections 607.0532 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

Michael L Baker

4.30.96

Signature typed or printed name of registered agent on this form only

Signature typed or printed name of registered agent on this form only

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME BAKER, MIKE
STREET ADDRESS 6466 LAKE WORTH ROAD
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 6464 LAKE WORTH ROAD
1.4 CITY-ST-ZIP LAKE WORTH FL 33463

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Michael L Baker Michael L BAKER 4.30.96 7300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)