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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Bandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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P94000032735 (0)

2a. Mailing Address

City & State

Ziρ

Suite, Apt. #, etc.

M & B INVESTMENT CORPORATION

Country

g. Name and Address of Current Registered Agent

25

KOZAK, MORTON 7761 HIGHLAND CIRCLE

MARGATE FL 33063

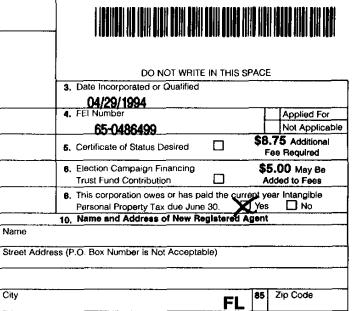
Principal Place of Business Mailing Address 7761 HIGHLANDS CIRCLE 7761 HIGHLANDS CIRCLE MARGATE FL 33063 MARGATE FL 33063

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FILED Feb 13 1998 8:00am Secretary of State



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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 11 TITLE 1.2 NAME NAME KOZAK, BRIGITTE 7761 HIGHLAND CIRCLE STREET ADDRESS 1.3 STREET ADDRESS MARGATE FL 33063 1.4 CITY-ST-ZIP CITY - ST - ZIP DILETE Change Addition TITLE STD 2.1 TITLE KOZAK, MORTON 2.2 NAME NAME 7761 HIGHLAND CIRCLE 2.3 STREET ADDRESS STREET ADORESS MARGATE FL 33063 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change __ Addition TITLE 3.1 TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change Addition DELETE TITLE 61TITLE NAME 62 NAME STREET ADDRESS 6 3 STREET ADDRESS CITY-ST-ZIP

Country

R1 Name

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City 84

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14. Thereby 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 of supplemental arrival 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 empower of testee empower to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changely by Og an attraction with an address

02-02-98

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