

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

1997 SEP 16 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000080191 (7)**

1. Corporation Name

**M.B.F. ENTERPRISES OF SW FLORIDA, INC.**



Principal Place of Business <b>C/O EURO-AMERICAN CONSULTING, INC. 4001 TAMiami TRAIL N. #265 NAPLES FL 34103 US</b>	Mailing Address <b>400 FIFTH AVENUE SOUTH #300 NAPLES FL 32940 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> 4001 Tamiami Tr. N. <b>27</b> Suite 265 <b>28</b> Naples <b>29</b> 34103 <b>30</b> USA
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3. Date Incorporated or Qualified <b>11/01/1994</b>	3a. Date of Last Report <b>02/13/1996</b>
4. FEI Number <b>65-0538682</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

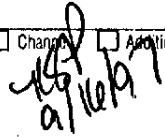
9. Name and Address of Current Registered Agent <b>RAINER, FILT HAUT 400 FIFTH AVENUE SOUTH #300 NAPLES FL 32940</b>	
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10. Name and Address of New Registered Agent	
81 Name <b>Euro-American Consulting, Inc.</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>4001 Tamiami Trail North</b>	
83 Suite <b>Suite 265</b>	
84 City <b>Naples</b>	85 Zip Code <b>FL 34103</b>

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  **Rainer N. Filthaut, President** **9/5/97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
<b>DPT BUCH, MICHAEL 908 ROOSEVELT AVE. LEHIGH ACRES FL</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
<b>DVS BUCH, RENATE 908 ROOSEVELT AVE. LEHIGH ACRES FL</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>70000223751-4</b> <b>-09/19/97--01050--024</b> <b>****165.00 ****165.00</b>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 

14. I do 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.

SIGNATURE  **9/12/97** (SIL) 443 431

CR2E034 (4/97)

Park North Suite 1  
5117 Castello Drive  
Naples Florida 34103  
941/649-4984  
FAX 434-7793

(2)

## M.B.F. Enterprises of SW Florida, Inc.

August 21, 1997

Department of State  
Annual Reports Section  
P O Box 1500  
Tallahassee FL 32302-1500

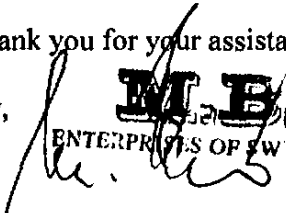
RE: Annual report

Dear Sirs:

Enclosed please find 1997 annual report along with check for \$165.00.  
Please process and waive late filing penalty as the original report was never  
received.

Thank you for your assistance.

Sincerely,

  
**M.B.F.**  
ENTERPRISES OF SW FLORIDA, INC.