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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

P95000024117 (0)

MBI'S EVP, INC.



rincipal Place of B	usiness	Maling A							
1415 SOUTH STATE ROAD 15A			1415 SOUTH STATE ROAD 15A						
DELAND FL 32720		DEL	DELAND FL 32720		Date Incorporated or Qualified			ort	
						03/24/1995		1 145	olied For
2. Principal Flace	of Business	2a. Maili	ng Address		,,	4. FEI Number	20		Applicable
<u> </u>	0: Dúairicaa	26				59-331453	> 1	\$8.75 A	
Suite, Apt. #, et		Suite	e, Apt. ⊭, etc.			Certificate of Status Desired		Fee Re	
2		27				6. Election Campaign Financing		\$5.00	May Be
City & State		City	& State			Trust Fund Contribution		Added t	
3		28		Covin	to:	8. This corporation has liability for	intangible ta	x under s 1	99.032
Zip	Country	- Zip		30	. ,	Florida Statutes	; ∐No		
4	25 9. Name and Address of C	29	d Agent	_1 <u>301</u> T		10. Name and Address of New F	Registered /	Agent	
	9. Name and Address of C	Uneil negistere			B1 Name				
	414450 1			-	B2 Street Add	ress (P.O. Box Number is Not Acceptat	hile)		
GROGAN	, JAMES J		82 Street Au						
1415 SOUTH STATE ROAD 15A DELAND FL 32720			83		83				
DELAND	FL 32720			ŀ	84 City		FL	85 Zip	Code
						oration submits this statement for the pu and of directors. Thereby accept the app	<u> </u>	• <u> </u>	oistared Offi
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certify that the information indicated on this annual report or supplemental annual report is that the information indicated on this annual report or supplemental annual report is that the information indicated on this corporation or the receiver or trustee empowered to execute this report as required by cath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by cath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by cath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by cath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by cath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by cath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by cath, and the corporation of the receiver or trustee empowered to execute this report of the corporation of the receiver or trustee empowered to execute this report of the corporation of the corporation of the receiver of the corporation o

SIGNATURE:

STORATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5.896 904-736-9998