

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

FILED

Mar 25 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000024766 (4)**

1. Corporation Name  
**MPS, CORP.**

Principal Place of Business

**528 CARIBBEAN DR  
KEY LARGO FL 33037**

Mailing Address

**P.O. BOX 285  
KEY LARGO FL 33037**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/27/1995**

4. FEI Number

**65-0565910**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

9. Name and Address of Current Registered Agent

**MOTAMEDI, MOHAMMAD  
104500 OVERSEAS HWY  
#A-101  
KEY LARGO FL 33037**

10. Name and Address of New Registered Agent

81 Name

**Mohammad Motamedi**

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

**155 CORRIE PLACE**

83

84 City

**KEY LARGO**

**FL**

85 Zip Code

**33037**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **MOTAMEDI, MOHAMMAD**  
STREET ADDRESS **104500 OVERSEAS HWY, #A-101**  
CITY-ST-ZIP **KEY LARGO FL**

TITLE **TD** ☐ DELETE  
NAME **SMITH, MEL E**  
STREET ADDRESS **125 PIPPIN DR**  
CITY-ST-ZIP **ISLAMORADA FL 33036**

TITLE **VD** ☐ DELETE  
NAME **PETHYBRIDGE, PETER**  
STREET ADDRESS **690 DOLPHIN AVE.**  
CITY-ST-ZIP **KEY LARGO FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **MOHAMMAD MOTAMEDI** ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **155 CORRIE PLACE**  
1.4 CITY-ST-ZIP **KEY LARGO FL 33037**

2.1 TITLE **TD** ☒ Change ☐ Addition  
2.2 NAME **MEL E. SMITH**  
2.3 STREET ADDRESS **128 MARINA AVE.**  
2.4 CITY-ST-ZIP **KEY LARGO FL 33037**

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 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 in an Attachment with an address.

SIGNATURE:  (MEL SMITH) 1/5/98 (305) 453-9794

CR2E034 (10/97)