

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000032505 (6)

1. Corporation Name

MBETH, INC.



Principal Place of Business

4801 LINTON BLVD.
DELRAY BEACH FL 33445

Mailing Address

4801 LINTON BLVD.
DELRAY BEACH FL 33445

2. Principal Place of Business

2a. Mailing Address

21	Subd., Apt., #, etc.	26	Subd., Apt., #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

9. Name and Address of Current Registered Agent

VILLA, MARY BETH
4801 LINTON BLVD.
DELRAY BEACH FL 33445

3. Date Incorporated or Qualified

04/21/1995

3a. Date of Last Report

4. FEI Number

65-0581673

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

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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. The undersigned accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	VILLA, JAMES V	
STREET ADDRESS	4324 S. OCEAN BLVD., UNIT B	
CITY-STATE-ZIP	HIGHLAND BEACH FL 33487	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☒ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

Villa, Mary Beth
4324 S. Ocean Blvd Unit B
Highland Beach FL 33487

14. I do hereby certify that the information presented with this filing is voluntarily furnished and does not qualify for the exemption set forth in Section 119.04(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is supplemented by an annual report in true and correct form, and that my signature shall have the same legal effect as it made under oath that I am an officer or director of the corporation or the receiver or transferee empowered to exercise the right 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: Mary Beth Villa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/96

467 496 1798

CR2E034 (12/95)