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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P95000039165 (2) M.B.E. INC.

## **FILED** Apr 16 1997 8:00am Secretary of State

				1.			1 1001/100 (1001 1001 1001 1001 1001 100			
Principal Place of t	Rusinnek	Mailen	g Address							
426 S. FLORIDA AV		-	FLORIDA AVE.							
TARPON SPRINGS			N SPRINGS FL 3	4689-2709			}			
							3. Date Incorporated or Qualified 05/17/1995		ate of Last F	Report
2. Principal Place	of Business	2a. Ma	iling Address				4. FEI Number			pplied For
21		26					59-3315421		Ñ	ot Applicable
Suite, Apt. #, et	С		ite, Apt. #, etc.				5. Certificate of Status Desired			Additional
22 City & State		27 Cit	y & State			<del></del>	6 Stadios Canadas Singuillo			equired
23		28	y a blate				6. Election Campaign Financing Trust Fund Contribution	П		May Be to Fees
Zφ	Country	Zip	)	Cou	untry		8. This corporation has liability for	intangible		
24	25	29		30				Yes		<del></del>
	Name and Address of Curr	ent Registere	d Agent		L.		10. Name and Address of New Re	gistered	Agent	
	SIS, FANI				81	Name				
	FLORIDA AVENUE				62	Street Add	iress (P.O. Box Number is Not Acceptat	ole)		
IARPON	I SPRINGS FL 34689				83					
					84	City		FL	85 Zip	Code
11 Purcuant to the	p provincions of Spetions 607.0	1502 and 607 1	508 Florida Stat	tutes the p		-named cor	poration submits this statement for the p			its registered
office or regist	ered agent, or both, in the Sta	ile of Florida. S	Such change wa:	s authorize	ed by	the corpora	ation's board of directors. I hereby accept	of the app	pointment as	registered
agent. Fam far	miliar with, and accept the obl	ligations of, 50	iction 607 0505. I							
		<del></del>		rionua sia	itutes.					
SIGNATURE Stone	t no. Taped or posted page of registered	ager and tile if age					iired when reinstating)	DATE		
SIGNATURE Signa	ture. typed or printed name of registored. OFFICERS A	agen and title if app	olicable (N		ad Ager		ured when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE CERS AN	D DIRECTO	RS IN 12
Signa 12. TilLE <b>DF</b>	OFFICERS A		olicable (N	OTE Registere	ed Ager				D DIRECTO	
Signs 12. TillE DF NAME GI	OFFICERS A ALOUSIS, FANI		okcable (N RS	OTE Registere 13.	ed Ager					
12. TITLE DF GL NAME GL STREET ADDRESS 42	OFFICERS A ALOUSIS, FANI 26 S. FLORIDA AVE.		okcable (N RS	OTE Registere 13. 1.1 T	ed Ager					
TILE DF GILL STREET ADDRESS 42 CITY-SI-ZIP	OFFICERS A ALOUSIS, FANI		oncatife (N RS DELETE	OTE Registers 13. 1.1 T 1.2 N 1.3 S	ed Ager	nt algnature requ				
12.  TITLE DF  NAME GI  SIREET ADDRESS 42  CITY-SI-ZIP TA	OFFICERS A ALOUSIS, FANI 26 S. FLORIDA AVE. ARPON SPRINGS FL		okcable (N RS	OTE Registers 13. 1.1 T 1.2 N 1.3 S	ed Ager ITLE IAME STREET I	nt algnature requ				Addition
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12.  TILE DF  NAME GI  SIREET ADDRESS TA  TITLE V  NAME GI  SIREET ADDRESS 422  TA  TA  TA  TA  TA  TA  TA  TA  TA	OFFICERS A ALOUSIS, FANI 16 S. FLORIDA AVE. IRPON SPRINGS FL ALOUSIS, TONY 16 S FLORIDA AVENUE		oncatife (N RS DELETE	OTE Registers 13. 1.1T 1.2N 1.3S 1.4C 2.1T 2.2N	ITLE NAME STREET I	nt algnature requ		CERS AN	Change	Addition
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12.     DF   NAME   GI   STREET ADDRESS   42   TA   TULE   V   NAME   STREET ADDRESS   42   CITY-ST-ZIP   TA   TA   TA   TA   TA   TA   TA   T	OFFICERS A ALOUSIS, FANI 16 S. FLORIDA AVE. IRPON SPRINGS FL ALOUSIS, TONY 16 S FLORIDA AVENUE		ORCASTIE (N RS DELETE	13. 1.11 1.2N 1.3S 1.46 2.11 2.2N 2.3S 2.44	OTTLE  OTTLE  OTTLE  OTTLE  IAME  OTTLE  OTTLE  IAME  OTTLE  OTT	ADDRESS ADDRESS		CERS AN	☐ Change	RS IN 12 Addition Addition
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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:

(913) 942 - 9638 Daysine Phono #