

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000047308 (8)

1. Corporation Name

MB PETROLEUM, INC.

Principal Place of Business

1880 NW 19TH AVENUE  
POMPANO BEACH FL 33069  
US

Mailing Address

1880 NW 19TH AVENUE  
POMPANO BEACH FL 33069-1648  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

MCDONOUGH, MARK  
1880 NW 19TH AVENUE  
POMPANO BEACH FL 33069

3. Date Incorporated or Qualified

06/13/1995

3a. Date of Last Report

07/23/1996

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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 607.0502 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 NAME STREET ADDRESS CITY-ST-ZIP

PSTD  
MCDONOUGH, MARK  
1880 NW 19TH AVENUE  
POMPANO BEACH FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

V  
MCDONALD, MATT  
10977 NW 13TH COURT  
CORAL SPRINGS FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ 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

☐ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

☐ Change ☐ Addition

7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-ST-ZIP

☐ Change ☐ Addition

8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-ST-ZIP

☐ Change ☐ Addition

9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY-ST-ZIP

☐ Change ☐ Addition

10.1 TITLE 10.2 NAME 10.3 STREET ADDRESS 10.4 CITY-ST-ZIP

☐ Change ☐ Addition

11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY-ST-ZIP

☐ Change ☐ Addition

12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-ST-ZIP

☐ Change ☐ Addition

13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP

☐ Change ☐ 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

100002266711-0  
-08/14/97-01033-018  
\*\*\*\*165.00 \*\*\*\*165.00

CR2E034 (9/96)

2 of 2

Form **SS-4**  
(Rev. December 1993)  
Department of the Treasury  
Internal Revenue Service

## Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003  
Expires 12-31-96

Please type or print clearly.	1 Name of applicant (Legal name) (See instructions.) <u>MB Petroleum, Inc.</u>		
	2 Trade name of business, if different from name in line 1		3 Executor, trustee, "care of" name <u>Mark McDonough</u>
	4a Mailing address (street address) (room, apt., or suite no.) <u>1660 NW 19th Ave.</u>		5a Business address, if different from address in lines 4a and 4b
	4b City, state, and ZIP code <u>Pompano Beach, FL 33069</u>		5b City, state, and ZIP code
	6 County and state where principal business is located		
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶ <u>Mark McDonough, President</u>		
8a Type of entity (Check only one box.) (See instructions.)			
<input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Trust			
<input type="checkbox"/> REMIC <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Plan administrator-SSN <input type="checkbox"/> Partnership			
<input type="checkbox"/> State/local government <input type="checkbox"/> National guard <input type="checkbox"/> Other corporation (specify) <input type="checkbox"/> Farmers' cooperative			
<input type="checkbox"/> Other nonprofit organization (specify) (enter GEN if applicable)			
<input checked="" type="checkbox"/> Other (specify) ▶ <u>S</u>			
8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶		State <u>Florida</u>	Foreign country
9 Reason for applying (Check only one box.)			
<input checked="" type="checkbox"/> Started new business (specify) ▶ <u>Sales</u> <input type="checkbox"/> Changed type of organization (specify) ▶			
<input type="checkbox"/> Hired employees <input type="checkbox"/> Purchased going business			
<input type="checkbox"/> Created a pension plan (specify type) ▶ <input type="checkbox"/> Created a trust (specify) ▶			
<input type="checkbox"/> Banking purpose (specify) ▶ <input type="checkbox"/> Other (specify) ▶			
10 Date business started or acquired (Mo., day, year) (See instructions.) <u>6/13/95</u>		11 Enter closing month of accounting year. (See instructions.)	
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶			
13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."		Nonagricultural	Agricultural Household
14 Principal activity (See instructions.) ▶			
15 Is the principal business activity manufacturing? . . . . .		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If "Yes," principal product and raw material used ▶			
16 To whom are most of the products or services sold? Please check the appropriate box.		<input checked="" type="checkbox"/> Business (wholesale)	<input type="checkbox"/> N/A
<input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ▶			
17a Has the applicant ever applied for an identification number for this or any other business? . . . . .		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Note: If "Yes," please complete lines 17b and 17c.			
17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.			
Legal name ▶		Trade name ▶	
17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.			
Approximate date when filed (Mo., day, year) <u>5/1/95</u>		City and state where filed <u>Pompano Beach, FL</u>	
		Previous EIN	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			
Name and title (Please type or print clearly.) ▶ <u>Mark McDonough, President</u>		Business telephone number (include area code) <u>954-979-3888</u>	
Signature ▶ <u>Mark McDonough</u>		Date ▶ <u>8-7-95</u>	
Note: Do not write below this line. For official use only.			
Please leave blank ▶	Geo.	Ind.	Class Size Reason for applying