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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000083971

STREET ADDRESS

CITY-ST-ZIP

MPM CONSULTING, INC.

Principal Place	of Business	Mailing Address				, , , , , , , , , , , , , , , , , , , ,	•
•		4540 NORTH OCEAN DRIVE	DRIVE				
#511 #511					DO NOT WRITE IN THE	e edace	
LAUDERDALE-BY-THE-SEA FL 33308 LAUDERDALE-BY-THE-SEA FL			33308			3 3FACE	$\neg \neg$
					3. Date Incorporated or Qualifed 10/30/1995		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		lied For
21 26					65-0614510	<del></del>	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Ad	
22					3. Columbia di Cicia	Fee Req	
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 N	, ,
23		28		Trust Fund Contribution	Added to	Fees	
Zip	Country	Zip	Country		This corporation owes the current year li		٦.,
24	25	29 3	0		Personal Property Tax.		□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered	1 Agent	
	_		81	Name			
MURTAGH, MATTHEW 4540 NORTH OCEAN DRIVE			82	Street Ac	ddress (P.O. Box Number is Not Acceptable)		
LAUI	Derdale-by-the-sea FL 3330	8	83				
						. 85 Zip C	ode
			84	City	F		500
SIGNATURE	Signature, typed or printed name of registered ag			nt signature requ	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	
12.	OFFICERS AND DIRECTORS  DELETE		13.		ADDITIONS/OFFARIOLS TO GITTISETS	Change	☐ Addition
TITLE	D	_ beerie	1.2 NAME				
NAME				T ADDRESS			
STREET ADDRESS							
CITY-ST-ZIP	LAUDERDALE-BY-THE-SEA FL 33308		1.4 CITY-ST-ZIP 2.1 TITLE			☐ Change	Addition
TITLE	<del>_</del>						
NAME			2.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			2.4 CITY-	ST-ZIP		Change	Addition
TITLE	_		3.1 TITLE			_	_
NAME			3.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP				ST-ZIP		Change	☐ Addition
TITLE	☐ DELETE		4.1 TIFLE			J95	
NAME			4. 2 NAME				
STREET ADDRESS				TADORESS			
CITY-ST-ZIP			4.4 CITY 5	ST-ZIP		Change	Addition
TITLE		☐ DELETE	5.1 TITLE				
NAME			5.2 NAME			•	
STREET ADDRESS			•	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP		- Charge	Addition
TITLE		☐ DELETE	6.1 TITLE			Change	LL AUGUSTI
	I .		= K2NAME				

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 ghanged, or on an attachment with an address, with all other like empowered. **SIGNATURE:** 

Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90016 047 \*\*\*150.00