

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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90185 024 ***158.75

DOCUMENT # P96000003828

1. Corporation Name

M.F.G. MEDICAL MARKETING INTERNATIONAL, INC.



Principal Place of Business

2110 NE 39TH ST
SUITE A-2
FT LAUDERDALE FL 33308

Mailing Address

2110 NE 39TH ST
SUITE A-2
FT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/11/1996

4. FEI Number

59-3288178

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 710 N. OCEAN BLVD.

Suite, Apt. #, etc.

22 809

City & State

23 POMPANO BEACH FL

Zip

24 33062 25 USA

2a. Mailing Address

26 P.O. BOX 3334

Suite, Apt. #, etc.

27

City & State

28 POMPANO BEACH, FL

Zip

29 33072 30 USA

9. Name and Address of Current Registered Agent

CHURBUCK, FRED
2110 NE 39TH ST
SUITE A-2
FT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name

FRED CHURBUCK

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

710 N. OCEAN BLVD.

83

SUITE 809

84 City

POMPANO BEACH FL

85 Zip Code

33062

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

F. Churbuck

President

3-9-99

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 PT ☐ DELETE

NAME CHURBUCK, FRED
STREET ADDRESS 2110 NE 39TH ST SUITE A-2
CITY-ST-ZIP FT LAUDERDALE FL 33308

TITLE VPS ☐ DELETE

NAME CHURBUCK, NOREEN
STREET ADDRESS 2110 NE 39TH ST SUITE A-2
CITY-ST-ZIP FT LAUDERDALE FL 33308

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 PT ☒ Change ☐ Addition

1.2 NAME CHURBUCK, FRED
1.3 STREET ADDRESS 710 N. OCEAN BLVD 809
1.4 CITY-ST-ZIP POMPANO BEACH, FL 33062

2.1 TITLE VPS ☒ Change ☐ Addition

2.2 NAME CHURBUCK, NOREEN
2.3 STREET ADDRESS 710 N. OCEAN BLVD - STE. 809
2.4 CITY-ST-ZIP POMPANO BEACH, FL 33062

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

F. Churbuck President

Date

3-9-99

Daytime Phone #

954
788-6409

CR2E034 (11/98)

0284580