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**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P9600004078

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## May 03, 1999 8:00 am Secretary of State

05-03-1999 90108 030 \*\*\*150.00



M P SOUTHERN ENTERPRISES. INC. Mailing Address Principal Place of Business 5361 N.W. 31ST ST. 5361 N.W. 31ST ST. MARGATE FL 33063 MARGATE FL 33063 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/11/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0638429 Not Applicable 26 21 Suite, Apt. #, etc \$8.75 Additional Suite, Apt. #, etc. Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country 8. This corporation owes the current year Intangible Zip Zip Country 30 Personal Property Tax. 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent FISHER, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 5361 N.W. 31ST ST. MARGATE FL 33063 83 84 85 Zip Code City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE ☐ Change ☐ Addition 1.1 TITLE TITLE FISHER, MICHAEL 1.2 NAME NAME 5361 N.W. 31ST ST. 1.3 STREET ADDRESS STREET ADDRESS MARGATE FL 33063 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 2.1 TITLE TITLE 22 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition □ DELETE ☐ Change 4.1 TITLE TITLE 4, 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ DELETE ☐ Addition 5.1 TITLE TITI F 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition 6.1 TITLE ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this fling 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 suppliemental 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 of 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, of or an attachment with an address, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)