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Feb 05 1998 8:00am PROFIT ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** P96000026612 (7) GOOGINS MBA ENTERPRISES, INC. Principal Place of Business Mailing Address 4315 SPRINGMOOR SEVEN 4315 SPRINGMOOR SEVEN JACKSONVILLE FL 32225 JACKSONVILLE FL 32225 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/26/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-3412870 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GOOGINS, BYRON H 4315 SPRINGMOOR SEVEN 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32225 83 84 City 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, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Change Addition GOOGINS, BYRON H NAME 1.2 NAME 4315 SPRINGMOOR SEVEN STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32225 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TEDE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY - ST- ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Channe Addition TITLE 41 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELÈTE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the infort+ation supplied with this filling 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 where 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

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(904)645-0528