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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9600057203 (7)

MB FINANCIAL MANAGEMENT, INC.

Principal Place of Business

Mailing Address

FILED Apr 25 1997 8:00am Secretary of State



MELBOURNE F	ARBOR CITY BLVD., GUITE 501 L 32901	200 SOUTH HARBOR CITY BLVD., SUITE 501 MELBOURNE FL 32901-1389					
					3. Date Incorporated or Qualified 07/03/1996	3a. Date of Last I	Report
	Place of Business	2a. Mailing Address		4. FEI Number	A	pplied For	
21		26		59-3389176	N	ot Applicable	
		Suite, Apt. #, etc.			\$8.75	Additional	
Sulte, Apt. #, etc.		27		Certificate of Status Desired	Fee P	Required	
City & Sta	te	City & Stato			6. Election Campaign Financing	\$5.00	May Be
23 Zip 24		28			Trust Fund Contribution	Added	I to Fees
Zip	Country	Zip	Count	ry	8. This corporation has liability for i	ntangible tax under	s. 199.032,
24	25	29	30		Florida Statutes	Yes 🙀 No	
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Re	gistered Agent	
WEI	NTE, BRENT R		8	1 Name			
	SOUTH HARBOR CITY BLVD.,	SUITE 501	8	2 Skoot Add	Iress (P.O. Box Number is Not Acceptab	lo)	
	BOURNE FL 32901		6	a Sireer Add	iress (r.O. Box Number is Not Acceptab	16)	
TTTIME	DOG(WIE 1 C OLOU)		8	3			
			8	4 City		FL 85 Zip	Code
44 5	La the acceptance of Continue CO7 Of	502 and 602 11.09 Florida Ctot.	den the abo	Lo popod cor	poration automite this eleternest for the n		ite registered
office or	registered agent, or both, in the Sta	te of Florida, Such change was	authorized I	by the corpora	poration submits this statement for the pation's board of directors. I hereby accep	of the appointment a	s registered
agent. I	am familiar with, and accept the obt	igations of, Section 607.0505, F	lorida Statut	es.			
SIGNATURE			.,				
	Signature, typed or printed name of registered a			gent signature requ	ired when reinstating)	DATE	DC INL 10
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TETLE	D D	☐ DELFTE	1.1 1111.6			L Change	Monition
- NAME	WENTE, BRENT R		. 1.2 NAM				
STREET ADDRESS			1.3 STRE	E1 ADDRESS			
CITY-ST-ZIP	SATELLITE BEACH FL 32937		1.4 CITY	- S1 - ZIF			
TITLE	D	☐ DELETE	2.1 7111.5			☐ Change	Addition
NAME	ARBOGAST, MATTHEW H		2.2 NAM	F			
STREET ADDRESS	2605 MANORWOOD DRIVE	•	2.3 \$1RE	ET ADDRESS			
· CITY - ST - ZIP	MELBOURNE FL 32901		2. 4 CFTY	- S1 - ZIP			
TITLE			31 HILE			Change	Addition
NAME			32 NAM	Ε			
STREET ADDRESS			3.3 STRE	ET ADDRESS			
CITY-ST-ZIP			3 4. CITY	i			
TITLE	DELETE		4 1 TH LE			Change	Addition
-NAME		ELL SECTION	4 2 NAM				
				ET ADDRESS	•		
STREET ADDRESS							
CITY-ST-ZIP		DELETE	4.4 CITY 5.1 TITLE			Change	Addition
TITLE		T ptreit				change	LL MOORION
NAME			5.2 NAM	!			
STREET ADDRESS				F1 ADDRESS			
CITY-ST-ZIP			5.4 CITY				
TITLE		DELETE	6.1 1111.6			Change	Addition
NAME			62 NAM	[
STREET ADDRESS			0.3 STRE	ET ADORESS -			
CITY-ST-ZIP			6.4 CITY	- S1 - ZIP			
		 			11 6 11 140 6 T (6) (1) E		

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 eath; 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.

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