

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

FILED
Jun 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000082657 (3)

1. Corporation Name
M.I.B., INC.

Principal Place of Business

Mailing Address

776 SW 17TH AVE
DELRAY BEACH FL 33444

776 SW 17TH AVE
DELRAY BEACH FL 33444-1372



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
6025 Kings Gate Circle DELRAY BEACH, FL 33484		6025 Kings Gate Circle DELRAY BEACH, FL 33484		10/07/1996	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number		Applied For	
6025 Kings Gate Circle	6025 Kings Gate Circle	See attached letter		<input checked="" type="checkbox"/> Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Delray Beach, FL	Delray Beach, FL	6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
33484	33484	29. Country		30. Country	
US	US				

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KENNEDY, EUGENE 776 SW 17TH AVE DELRAY BEACH FL 33444		Bernard Braun 6025 Kings Gate Circle Delray Beach, FL 33484	

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 Bernard Braun Bernard Braun 5/30/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, EUGENE	1.2 NAME	
STREET ADDRESS	2800 NORWAY PINE LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL 33462	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAUN, BERNARD	2.2 NAME	
STREET ADDRESS	6025 KINGS GATE CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33484	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDFARB, SEYMOUR	3.2 NAME	
STREET ADDRESS	17644 PLAZA OTONAL	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA 92128	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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.

SIGNATURE EUGENE KENNEDY EUGENE KENNEDY 5/30/97

CR2E034 (9/96)