

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

FILED

Apr 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000098357 (2)

1. Corporation Name

MP INDUSTRIES, INC.



Principal Place of Business

Mailing Address

1086 SO MILITARY TRAIL STE 105  
DEERFIELD BEACH FL 33442

1086 SO MILITARY TRAIL STE 105  
DEERFIELD BEACH FL 33442-7694

2. Principal Place of Business

2a. Mailing Address

21 9698 ARBOR OAKS LANE

26 PO BOX 970004

22 Suite, Apt. #, etc.  
303

27 Suite, Apt. #, etc.

23 BOCA RATON FL

28 BOCA RATON FL

24 Zip  
33428

25 Country

29 Zip  
33497

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

12/02/1996

4. FEI Number

65-0719676

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

LYONS, DONALD R  
1086 SO MILITARY TRAIL STE 105  
DEERFIELD BEACH FL 33442

81 Name

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

9698 ARBOR OAKS LANE #303

83

84 City

BOCA RATON

FL

85 Zip Code

33428

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DONALD R LYONS	
1.3 STREET ADDRESS	9698 ARBOR OAKS LANE	
1.4 CITY - ST - ZIP	BOCA RATON FL 33428	
2.1 TITLE	V/P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WILLIAM J LYONS	
2.3 STREET ADDRESS	9698 ARBOR OAKS LANE	
2.4 CITY - ST - ZIP	BOCA RATON FL 33428	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: DONALD R LYONS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-97

Date

561-470-9505

Daytime Phone # 0000001

CR2E034 (9/96)