**FILED** 

Sep 17, 1999 8:00 am Secretary of State

09-17-1999 90007 038 \*\*\*550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #** P96000098357

MP INDUSTRIES, INC.

Principal Place of Business				ailing Add	iress											
9698 ARBOR OAKS LN				PO BOX 970004					İ		,					
303 BOCA DATON EL 22429			BOCA RATON FL 33497					DO NOT INDITE IN THE SPACE								
BOCA RATON FL 33428 US			บ	บร					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified							_
us									3. Uate Incom		101					
2. Principal Place of Business			2a.	2a. Mailing Address					4. FEI Numbe					Applie	d For	
21			26						65-0719676					Not A	pplicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					E Cartificato	of Status Desired	П		\$8.75			
22			27					5. Certificate	Or Status Desired			Fee	Requi	red	_	
City & State			City & State					6. Election Campaign Financing \$5.00 May Be								
23				28					Trust Fund	Contribution			Adde	d to F	ees	_
_ 7	p Country			Zip Cour			ntry	ntry 8. This corporation owes the curre			rrent year			-/		
24		25	29			30				Personal Property.				<b></b> No	9	4
	9. Name	and Address of Current	Regis	tered Ag	jent				10. Name and	Address of New	Registere	d Ag	ent			-
ł	LVONC DOM	ALD D					81	Name								
LYONS, DONALD R 9698 ARBOR OAKS LN 303							82	Street Ad	idress (P.O. Box Nu	Number is Not Acceptable)						_
										_						4
	BOCA RATON	I EL 22429					83									
	DOCK RATOR	1 1 L 30420					84	City				•	85 Zi	p Cod	е	1
											F					4
11.	Pursuant to the provi	sions of sections 607.0502 agent, or both, in the State o	and 60	07.1508, I	Florida Statute	s, the ab	ove-r	named cor	poration submits this ation's board of direc	statement for the ctors. I hereby acc	purpose of ept the app	chan; cintr	ging its ient as	registi registi	ered ered	
	agent. I am familiar	with, and accept the obligati	ions o	f, section	607.0505, Fic	orida Stat	utes.			,						-
SIG	NATURE			_												
	Slaneture type										D 4 TE					
	Oignatais; type	or printed name of registered agent a			(NC		red Ag	ent signature	required when reinstating)	CHANGES TO O	DATE		DIBEC	rops	IN 12	⊣ ફ
12.		OFFICERS AND				13.		ent signature		/CHANGES TO O			1		1	
TITLE	PD	OFFICERS AND			DELETE	13. 1.1 TI	TLE	ent signature		/CHANGES TO O			DIREC Change		IN 12 Addition	
TITLE	PD LYONS,	OFFICERS AND				13. 1.1 TI 1.2 N/	TLE VME			/CHANGES TO O			1		1	1 200
TITLE NAME STREE	PD LYONS, 9698 AI	OFFICERS AND  DONALD R  RBOR OAKS LN				13. 1.1 TI 1.2 NA 1.3 ST	TLE VME REET A	ADDRESS		/CHANGES TO O			1		1	
NAME STREE CITY-S	PD LYONS, 9698 AI 17-ZIP BOCA F	OFFICERS AND			DELETE	13. 1.1 TF 1.2 N/ 1.3 ST 1.4 CF	TLE VME REET A	ADDRESS		/CHANGES TO O			Change	• [	Addition	10000
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TITLE NAME STREE CITY-S TITLE	PD LYONS, 9698 AI BOCA F VTD LYONS, 9698 AI BOCA F VTD LYONS, 9698 AI BOCA F ST-ZIP	OFFICERS AND DONALD R RBOR OAKS LN RATON FL WILLIAM J RBOR OAKS LN			DELETE DELETE	13. 1.1 TI 1.2 NA 1.3 ST 1.4 Cf 2.1 TI 2.2 NA 2.3 ST 2.4 Cf 3.1 TI 3.2 NA 3.3 ST 3.4 Cf 4.1 TI 4.2 NA 4.3 ST 4.4 Cf 5.1 TI	TLE  REET / TLE  MME  REET / TLE  MME  REET / TLE  MME  REET / TY-ST- TLE  MME  REET / TY-ST- TLE	ADDRESS ZIP  ADDRESS ZIP  ADDRESS ZIP		/CHANGES TO O			Change		Addition  Addition	
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6.2 NAME

14. I 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 regerver outstee 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 for on an attachment with an address.

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

9-11-99

561-470-0927