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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARAMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P97000007478 (5)

MBG INC.

FILED Feb 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1310 GULF BLVD., #303 1310 GULF BLVD., #303 INDIAN ROCKS BEACH FL 33785 INDIAN ROCKS BEACH FL 33785 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/21/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 26 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zio Country 8. This corporation owes or has paid the current year Intardible Yes 24 25 29 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MCLAUGHLIN, DANIEL V 1310 GULF BLVD., #303 82 Street Address (P.O. Box Number is Not Acceptable) **INDIAN ROCKS BEACH FL 33785** 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** Signature, typed or printed name of registried agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change X Addition TITLE 1.1 TITLE MESI DENT DANIEL V. MYLAXAUN 1310 GUF BUD #303 NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-7IP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Vice President STREET ADDRESS 2 3 STREET ADDRESS 2.4 CHY-\$1 - ZIP CITY-ST-ZIP DELETE TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-7IP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C(TY - ST - Z)P DELETE TITLE 51 TITLE Change Addition STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - \$1 - Z(P CITY-ST-ZIP TITLE DELFTE 6.1 TITLE Charige Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 COLY - S1 - ZIP

14. Thereby 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 rocciver or Instead 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:

WIELV. M'LAUGHCIN 1/24/98