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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Marthage

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

P97000025552 (5)

MVL ENTERPRISES, INC.

FILED Mar 17 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address			a sometime era latin camin amin santi amili amili anti e time i primi milat milia sent indi
2708 E. LAKE		2708 E. LAKE ROAD			,
KISSIMMEE FL 34744		KISSIMMEE FL 34744			DO NOT WRITE IN THIS SPACE
	•				3. Date Incorporated or Qualified
					03/17/1997
2. Principal P	ce of Business	2a. Mailing Address	<del></del>		4. FEI Number Applied For
21 27	08ELAKE Rd	26 AM C			14- 284 50 8 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional
22 27					Fee Required
City & State City & State					6. Election Campaign Financing \$5.00 May Be
23 K 5	Simple II	[28] Zip	Country	<del> </del>	Trust Fund Contribution Added to Fees
24 T34	744 25 05 CeolA	29 3	٠ .	,	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24 0 6	p. Name and Address of Current		<u> </u>		10. Name and Address of New Registered Agent
1.00			81	Name	
LONG, MARGARET 81 No. 2708 E. LAKE ROAD 82 St					
KISSIMMEE FL 34744				Street	Address (P.O. Box Number is Not Acceptable)
INO	CHARLE I E 04/44		83	<del> </del>	
			84	City	FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the abov	e-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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		L Change L Addition
NAME	LONG, MARGARET		1.2 NAME		
STREET ADDRESS	2708 E. LAKE ROAD		1.3 STREET		
CITY-ST-ZIP	KISSIMMEE FL 34744	DELETE	1.4 CITY-S	IT-ZIP	Change Addition
TITLE		□ nereig	2.1 TITLE		Change L. Addition
NAME			2.2 NAME	linnaraa	
STREET ADDRESS CITY-ST-ZIP			2.3 STREET 2. 4 CITY -		
TITLE		DELETE	3.1 TITLE	SI - ZIP	☐ Change ☐ Addition
NAME		_	3.2 NAME		
STREET ADDRESS			3.3 STREET	ADDRESS	
CITY-SI-ZIP			3.4. CITY-1		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET	ADDRESS	
CITY-ST-ZIP	_		4.4 CITY - S	T-ZIP	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	,.	700002459797
STREET ADDRESS			5 3 STREET	address	700002459797 -03/17/9801076005
CITY-ST-ZIP			5.4 CITY - S	T-ZIP	***150.00_
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	ļ	1
STREET ADDRESS			6.3 STREET	ADDRESS	r ( 311 )
CITY-ST-ZIP			6.4 CITY - S	T-ZIP	

14. 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:

2 don't

2-19-91 407 344-9550