

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

FILED

Jan 29 1998 8:00am

Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000038828 (4)

1. Corporation Name

MFV ACCOUNTING SERVICES, INC.



Principal Place of Business 2301 WEST SAMPLE ROAD BLDG. 3 SUITE 2A POMPANO BEACH FL 33073	Mailing Address 2301 WEST SAMPLE ROAD BLDG. 3 SUITE 2A POMPANO BEACH FL 33073
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1997

4. FEI Number

65-0749506

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 2201 W Sample Road

26 2201 W Sample Rd

Suite Apt. #, etc  
22 Suite # 9, SU # 13

Suite Apt. #, etc  
27 Suite # 9, SU # 13

City & State  
23 Pompano Beach

City & State  
28 Pompano Beach

Zip  
24 33073

Country  
25 Broward

Zip  
29 FL

Country  
30 Broward

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name	BERNARD W MARGOLIES
82 Street Address (P.O. Box Number is Not Acceptable)	2201 W Sample Rd
83	Suite # 9, SU # 13
84 City	Pompano Beach
85	FL
86 Zip Code	33073

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 PD ☐ DELETE

NAME MARGOLIES, BERNARD W  
STREET ADDRESS 2301 WEST SAMPLE ROAD  
CITY-ST-ZIP POMPANO BEACH FL 33073

TITLE VD ☐ DELETE

NAME FINK, BARRY A  
STREET ADDRESS 2301 WEST SAMPLE ROAD  
CITY-ST-ZIP POMPANO BEACH FL 33073

TITLE STD ☐ DELETE

NAME WICHROWSKI, MARK V  
STREET ADDRESS 2301 WEST SAMPLE ROAD  
CITY-ST-ZIP POMPANO BEACH FL 33073

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 2201 W Sample Rd  
1.4 CITY-ST-ZIP POMPANO BEACH FL 33073

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 2201 W Sample Rd  
2.4 CITY-ST-ZIP POMPANO BEACH FL 33073

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS 2201 W Sample Rd  
3.4 CITY-ST-ZIP POMPANO BEACH FL 33073

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 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:

SIGNATURE REQUIRED

1/20/98

CR2E034 (10/97)