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PROFIT -CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000040017

1. Corporation Name

M.L. PABON ENTERPRISES, INC.

Principal	Place	of Bu	siness

Mailing Address

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90272 042 ***150.00



Tillicipal Flace	e or Dusiness .	mailing riddrood					•
451 NORTHWEST 201 AVENUE PEMBROKE PINES FL 33029 PEMBROKE PINES FL 33029				DO NOT WRITE IN THI	S SPACE		
					3. Date Incorporated or Qualifed		
					05/06/1997		-
	<u> </u>						
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	pplied For
21	•	26			65-0750143		ot Applicable
Suite, Apt.	#, etc. ₋ 2	Suite, Apt. #, etc.			5. Certificate of Status Desired	•	Additional equired
City_&_State	e	City & State			-6Election:Campaign Financing	\$5.00	May.Be
23 28				Trust Fund Contribution		to Fees	
Zip	Country	Zìp			This corporation owes the current year Intangible		
24	25	29	30		Personal Property Tax.	Yes	Ø (No
24	9. Name and Address of Curre		1		10. Name and Address of New Registere		^-
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COM	MPLETE TAX SYSTEMS INC				EVERLY ABNE	12_	
1880	00 NW 2ND AVENUE		8:	2 Street A	ddress (P.O. Box Number is Not Acceptable)	-	
	E 216		8	3 / =	34 N V 147 =	· /	
	WI FL 33169			"	•		
IND W	11 / 2 00 100		8-	4 City	ipmi F	85 Zip	3768
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statut	es, the abo	ve-named co	orporation submits this statement for the purpose	of changing its	s registered
	egistered agent, or both, in the State	of Florida. Such change was a	uthorized:b	y the corpor	ation's board of directors. I hereby accept the app	ointment as n	egrstered **
agent. I a	m familiar with, and accept the obliga	ations of, Section Cor. 0000, 110	7		_		
agent. I a	m familiar with, and accept the obliga	abner			uired when reinstating) DATE		
agent. I a	m familiar with, and accept the obligation of registered age	abner			uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
agent. I a	m familiar with, and accept the obligation of registered age	ant and title if applicable. (NOTE	: Registered Ag	ent signature req	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	
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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 of 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, with all other like empowered.

SIGNATURE: