

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

150.00

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90105 049 \*\*\*150.00

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000078270

1. Corporation Name  
MBI VENTURES INC.

Principal Place of Business  
2519 MCMULLEN BOOTH RD. SUITE 510-306  
CLEARWATER FL 33761

Mailing Address  
2519 MCMULLEN BOOTH RD. SUITE 510-306  
CLEARWATER FL 33761



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
09/05/1997

4. FEI Number  
59-3470170

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30  
9. Name and Address of Current Registered Agent  
CARON, MICHAEL A  
2413 COUNTRY TRAILS DRIVE  
SAFETY HARBOR FL 34695

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

10. Name and Address of New Registered Agent

81 Name CARON, MICHAEL A.  
82 Street Address (P.O. Box Number is Not Acceptable)  
1704 LA FOREST AVENUE  
83  
84 City SAFETY HARBOR, FL FL 85 Zip Code 33761

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 Michael A. Caron Michael A. CARON Vice President 1/6/99

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	P	<input type="checkbox"/> DELETE
NAME	SALTER, GORDON S.	
STREET ADDRESS	8765 15TH STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CARON, MICHAEL A.	
STREET ADDRESS	1704 LA FOREST AVE.	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SALTER, TERESA J.	
STREET ADDRESS	8765 15TH STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	8627 MAIDSTONE COURT
1.4 CITY-ST-ZIP	LARGO, FL 33777
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	8627 MAIDSTONE COURT
3.4 CITY-ST-ZIP	LARGO, FL 33777
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: Michael A. Caron MICHAEL A. CARON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/99

Date

727-784-8346

Daytime Phone #

CR2E034 (1/98)