**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000108282

1. Corporation Name

MIOA ACQUISITION COMPANY I, INC.

## **FILED** Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90169 012 \*\*\*150.00



							-				
Principal Place of Business Mailing Address											
1903 S. CONGRESS AVE., SUITE 400 1903 S. CONGRESS AVE., SUITE 400											
BOYNTON BEACH FL 33426 BOYNTON BEACH FL 33426							DO NOT WRITE IN THIS SPACE				
						2 Date	Incorporated or Qualife		31 ACL		
						<b>–</b>	26/1997				
2 Oringinal Di	ace of Business	2n Mailir	ng Address	_	-	4. FEI			Apr	lied For	
<del>-</del> i '	ace of Dusiness		26			)	0818777		<del></del>	Applicable	
Suite, Apt.	# etc	~~	Suite, Apt. #, etc.						\$8.75 AG		
22						5. Certi	ifcate of Status Desired		Fee Req	1	
City & State	<del></del>		City & State			6. Elec	tion Campaign Financin	a =	\$5.00 N	May Be	
23		28	28				Trust Fund Contribution Added to Fees				
Zip	Country	Zip		Country	<del></del>	8. This	corporation owes the c	urrent year Inta	ıngible		
24	25	29	30		•	Pers	onal Property Tax.		☐ Yes [	□No	
	9. Name and Address of Curr	ent Registered	Agent			10. Nam	ne and Address of Nev	v Registered A	\gent		
		4.6		81	Name	E. NIC	HOLAS DAY	is 711	-		
	PORATION SERVICE COMPAN	IY		82			lox Number is Not Acce	ptable)			
1201 HAYS STREET				"	O SCOCT	1903	ox Number is Not Acce	SAVE	·		
TALL	AHASSEE FL 32301-2525			83		SuiTS	+400			,	
	:			84	City	0-11-		<del></del>	85 Zip.Çi	ode	
	4			1	)	50411701	1 BEACH	FL	1 33	426	
11. Pursuant	to the provision for Sections 607.0 egistered agent, or both in the sta m familians for any coses the or	502 and 607.150	8, Florida Statutes,	the abov	e-named co	propration sub	mits this statement for t	he purpose of	changing its r	egistered	
office or re	egistered agent, of both, if the sta m familiaes the and accept the of	te of Florida. Suc dations of Section	ch change was auth on 607.0505. Florida	onzed by Statute:	tne corpora s.	ation's board c	or directors. I hereby ac	epi ine appoir	unient as reg	ISIGICU	
	TUNANTAU (	A-CL		NICH		AVIS, TIT		412912	9	Į.	
SIGNATURE	Signature typed or printed name of registered a	igent and title if applica	ble. (NOTE: Re	gistered Age	nt signature requ	uired when reinstati	ng)	DATE			
12.		AND DIRECTOR		13.			TIONS/CHANGES TO	DFFICERS AN			
TITLE	++ D, ex. V.P. (Cha	WRMAN)	☐ DELETE	1.1 TITLE		ν.P., D -			Change	Addition	
NAME	PERSHES, PAUL			1.2 NAME		B/AKE	SCHARRA	#16D			
STREET ADDRESS				1.3 STREE	TADORESS	1903 5.	CONGRESS AVE	7700			
CITY-ST-ZIP	BOYNTON BEACH FL 33426			1.4 CITY-5	ST- ZIP	BOYNTON	BEACH, FR	33426			
TITLE	ST		☐ DELETE	2.1 TITLE		D, s, T	•		Change	Addition	
NAME	Kobrin, Arthur			2.2 NAME		- / /					
STREET ADDRESS	1903 S. CONGRESS AVE., S			2.3 STREE	TADDRESS						
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33426</b>			2. 4 CITY-							
TITLE			☐ DELETE	3.1 TITLE		D, CEO,	<i>P</i> 2		☐ Change	Addition	
NAME _	Branchauch.			3.2 NAME	(	CAPELE',	Louis R.	H1100 :			
STREET ADDRESS				3.3 STREE	T ADDRESS	1903 5	CONGNESS FIVE	# 400			
CITY-ST-ZIP		-		3.4. CITY-	\$T-ZIP	COYNTO	N BEACH, FL	33426			
TITLE			☐ DELETE	4.1 TITLE	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Ex. U.P.	, <i>D</i>	<u>-</u>	Change	☐ Addition	
NAME	DANIS, E. Nicholas	DANGE ST.		4. 2 NAME		DAUIS,	E. Nicholas L	4.			
STREET ADDRESS	,			4.3 STREE	T ADDRESS	1903 5.	COMMISS AVE	4 100			
CITY-ST-ZIP				4.4 CITY-5	ST-ZIP	BOYNTON	1 BEACH, FL	<u> 33426</u>			
TITLE			☐ DELETE	5.1 TITLE		Dow D	LEX. U.P.		Change	Addition	
NAME				5.2 NAME		DON .	JONES	Hilan		{	
STREET ADDRESS				5.3 STREE	T ADDRESS	19035	JONES CONGRESS AVE	7700	,	'	
CITY-ST-ZIP				5.4 CITY-5	ST-ZIP	BOYNTO	N BEACH, FR	1 3342			
TITLE			DELETE	6.1 TITLE	Ţ	D, V.P.	, , , , , ,		☐ Change	<b>■</b> Addition	
NAME				6.2 NAME	1	Chaisto	cher Boscher CONGRESS AVA	c Hilas			
STREET ADDRESS	•			6.3 STREE	TADDRESS	1903 5!	CONGRESS AVE	700			

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 instead 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 of an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

E. NICHOLAS DAVIS III