

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000002006

1. Corporation Name

MODERN BUSINESS ASSOCIATES IV, INC.

Principal Place of Business

101 PHILIPPE PARKWAY
SUITE 305
SAFETY HARBOR FL 34695

Mailing Address

101 PHILIPPE PARKWAY
SUITE 305
SAFETY HARBOR FL 34695

FILED
May 19, 1999 8:00 am
Secretary of State

05-19-1999 90001 013 ***750.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/08/1998

4. FEI Number

59-3486529

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

CURCIO, AUGUST R
101 PHILLIP PARKWAY
SUITE 350
SAFETY HARBOR FL 34695

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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	VSD	<input type="checkbox"/> DELETE
NAME	MASCARA, ERNEST L	
STREET ADDRESS	877 EXECUTIVE CENTER DR W, STE 303	
CITY-ST-ZIP	ST PETERSBURG FL 33702	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HOVE, STEPHEN D	
STREET ADDRESS	101 PHILLIP PARKWAY, STE. 305	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RICE, SR., JACK S	
STREET ADDRESS	101 PHILLIP PARKWAY, STE. 305	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RICE, JR., JACK S	
STREET ADDRESS	101 PHILLIP PARKWAY, STE. 305	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LETTIJER, MARK	
STREET ADDRESS	101 PHILLIP PARKWAY, STE. 305	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SCHIFINO, DAVID	
STREET ADDRESS	101 PHILLIP PARKWAY, STE. 305	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Curcio, August R	
1.3 STREET ADDRESS	101 Philippe Parkway	
1.4 CITY-ST-ZIP	Safety Harbor, FL 34695	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Susan Ward	
2.3 STREET ADDRESS	101 Philippe Parkway	
2.4 CITY-ST-ZIP	Safety Harbor, FL 34695	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/99

727-712-9276

CR2E034 (11/98)