

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

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90135 050 \*\*\*150.00

DOCUMENT # **P98000022714**

1. Corporation Name  
**M & A BUSINESS VENTURES, INC.**

Principal Place of Business  
**2085 NORTH POWERLINE RD STE. 2  
POMPANO BEACH FL 33069**

Mailing Address  
**2085 NORTH POWERLINE RD. STE. 2  
POMPANO BEACH FL 33069**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/09/1998**

4. FEI Number

**65-0817694**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLACKE, LAWRENCE E  
3326 N.E. 33RD STREET  
FT. LAUDERDALE FL 33308**

81. Name

**ALEV OZGERGIN**

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

**2085 N POWERLINE RD. STE 2**

83.

84. City

**POMPANO BEACH**

FL

85. Zip Code

**33069**

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 of registered agent or officer authorized to sign

(NOTE: Registered Agent signature required when reinstating)

DATE

**03/02/99**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**STPD  
OZGERGIN, ALEV  
2085 N. POWERLINE RD. STE. 2  
POMPANO BEACH FL 33069**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. TITLE  
12. NAME  
13. STREET ADDRESS  
14. CITY-ST-ZIP

21. TITLE  
22. NAME  
23. STREET ADDRESS  
24. CITY-ST-ZIP

31. TITLE  
32. NAME  
33. STREET ADDRESS  
34. CITY-ST-ZIP

41. TITLE  
42. NAME  
43. STREET ADDRESS  
44. CITY-ST-ZIP

51. TITLE  
52. NAME  
53. STREET ADDRESS  
54. CITY-ST-ZIP

61. TITLE  
62. NAME  
63. STREET ADDRESS  
64. CITY-ST-ZIP

☐ Change ☐ Addition

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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 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 #

**03/02/99**

CR2E034 (1/98)