04291999-90033-046-\$150.00-\$150.00

PROFIT CORPORATION ANNUAL REPORT 1000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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

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DOCUMENT # P98000067768							
1. Corporation	Name				_		
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AAAA MARKAM WAAN							
2020 TAMIANI TRAIL 2020 TAMIANI TRAIL PORT CHARLOTTE FL 33948 PORT CHARLOTTE FL 33948					DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualified	13 SFACE	
					08/04/1998		
2. Principal Pla	ace of Business	2a, Mailing Address			4. FEI Number		ied For
21		26			65-0854471		.Applicable
Suite, Art. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22		27			2 Et die Commiss Siegnoins	\$5.00	·
City, & State		City & State		·	6. Election Campaign Financing Trust Fund Contribution	Added to	
23 Zip	Coun ry	28	Country		8. This co poration owes the current year	l stangible	•
24	25		10		Person if Property Tax.	☐ Yes	[]No
	9. Name and Address of Currer				10. Name and Address of New Registers	I Agent	
A 1 1 1 1			81 Nar	μ _e Ε //)	LIGER HARCEL		
AMERILAWYER 343 ALMERIA AVENUE				EDE DA 19	ss (P.O. Box Number is Not Acceptable)		
CORAL GABLES FL 33134			83	0,50	I ANIANI IRAIL		
				aid	TTO LYNN T	L 85 336	โน๊ห 📗
11 Pureusat I	o the provisions of Sections 607.050	12 and 607.1508, Florida Statu es	s, the above-nam	ed corpo	pration submits this statement for the purpose	of changing its	gistered
office crre	egistered agent, or bo h, in the State	of Florida, Such change was out	thorized by the c da Statutes.	orpore tio	ration submits this statement for the purpose in a board of cirectors. I hereby accept the approximation of the cirectors of the purpose in a board of cirectors.	ooniment as reg	ISTORIOGI
	(1) Marie B	MENDICED MARCEI			AP RU	<u>. ૨૫ ૧૧</u>	29
SIGNATURE			Registered Agent signer	ate red red	ADDITIONS/CHANGES TO OFFICERS	NO DIRECTO	S IN 12
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	Change	FS IN 12
TITLE	PTD PAENZIGER, MARCEL	C perrie	12 NAME			_	
NAME STREET ADDRESS	2020 TAMIAMI TRAIL		1.3 STREET ADDR	ESS			l i
CITY-ST-ZIP	PORT CHARLOTTE FL 33948		1.4 CITY-ST-ZIP	1 .			}
TITLE .	SVD	☐ DELETE	2.1 TITLE			☐ Change	Addition (
NAME	PFAENDLER, STEPHAN		22 NAME				
STREET ADORESS	2020 TAMIAMI TRAIL		2.3 STREET ADOR	ESS			
CITY-ST-ZIP	PORT CHARLOTTE FL 33948		2 4 CITY-ST-ZIP			Change	Addition
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NAME			3.2 NAME 3.3 STREET ADOR	Fee			
STREET ADDRESS			3.4. CITY-ST-ZIP		-		
CITY-ST-ZIP		☐ DELETE	4.1 TITLE	-		☐ Change	Addition
NAME		_	4.2 NAME				
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CITY-ST-ZIP			44 CITY-ST-ZIP	Ц−			C Addison
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				ļ
STREET ADDRESS			5.3 STREET ADDR	-33°			1
CITY-ST-ZIP		DELETE	54 City-ST-ZIP 61 TITLE	-+ <i>-</i>		Change	Addition
NAME			62 NAME			_ •	
STREET ADDRUSS			6.3 STREET ADOR	ESS			
CITY OT 780			6.4 CITY+ST-ZIP				
14. I herely o	certify that the information supplied w	ith this filing does not qualify for	the exemption st	ated in S	ection 119.0. (3)(i), Florida Statutes. I further	pertify that the in	formation

I herely certify that the information supplied with this hing does not quality for the exemption stated in the same legal effect as if made under each; that i am an indicated on this annual report is you supplemental annual report is true and duct amy signature shall have the same legal effect as if made under each; that i am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and the 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

APRIL -24 - 94 (941) 627 1711 BAEUZEGER HARCEL