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 Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90066 011 ***150.00

1. Corporation	MENI# P9800 MPEX CORP.	0072755							
Principal Place						1000	1727 2111 1227		
2198 MAIN STREET 2198 MAIN STREET									
SARASOTA FL 34237 SARASOTA FL 34237						DO NOT INDIT	r in ti io	CDACE	
						DO NOT WRITE 3. Date Incorporated or Qualifed	E IN IF IS	- SPACE	
		_				08/20/1998			
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		Applied For	
		26				65-0859692			Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A: Fee Req	
City & State		City & State				6. Election Campaign Financing		\$5.00	/lay Be
3		28				Trust Fund Contribution Added to Fees			
Zip	Cour try	Zip	Zip Country			8. This corporation owes the current year intangible			_
24	25	29	30			Persor al Property Tax.			□No
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Re	egistered	Agent	
IACI	MOCH DETER I			81 Name					
JAENSCH, PETER J 2198 MAIN STREET				82 Street	Ac dre	ress (P.O. Box Number is Not Acceptable)			
	ASOTA FL 34237								
SMR	ASUIA FL 34231			83					Ì
				84 City				85 Zip C	ode
							<u> </u>	<u>- </u>	
office crr agent. a	egistered agent, or both, in the Stal m familiar with, and accept the obli	te of Florida. Such change wa	is ≀iuthorized	by the corp	ore tion	ration submits this statement for the parties and of cirectors. I hereby accept	the appo	intment as reg	stered
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (N	OTI: Registered	Agent signature	required	when reinstating)	DATE		
12.	OFFICERS A	ANE DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS A		
TITLE	Γ D	☐ DELETE	1,1 TD	le.	ļ			Change	☐ Addition
NAME	GENG, REINHARD F			12 NAME					
STREET ADDRESS			13 ST	13 STREET ADDRESS					
CITY-ST-ZIP	SARASOTA FL 34238			TY-ST-ZIP	↓				-
TITLE	D	☐ DELETE	2.1 Tr	TLE				Change	☐ Addition
NAME	1			2.2 NAME					
STREET ADDRESS 9620 CLUBHOUSE CIRCLE #5208			2.3 \$1	2.3 STREET ADDRESS					}
CITY-ST-ZIP	SARASOTA FL 34238			TY-ST-ZIP	<u> </u>				
TITLE		☐ DELETE						Change	☐ Addition
NAME			32 N/	=					
STREET ADDRES S				REET ADORESS	1				
CITY-ST-ZIP		O OF: EVE		TY-ST-ZIP	 			☐ Change	Addition
TITLE		☐ DELETE						onlinge	
NAME			4.2 N		-				
STREET ADDRESS			1	REET ADDRESS	1				1
CITY-ST-ZIP		DELETE		TY-ST-ZIP	├ -			Change	☐ Addition
TITLE		□ valere	5.1 M						
NAME			1	REET ADDRESS					}
STREET ADDRESS				TY-ST-ZIP]
CITY-ST-ZIP TITLE		☐ DELETE		·	+-			☐ Change	Addition
			62 N/	ME				. •	
NAME STREET ADDRESS				REET ADDRESS					

14. 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 combration 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.

6 4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR