AMOUNT DUF ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000096567

MBS RESOURCES, INC.

**FILED** Aug 02, 1999 8:00 am Secretary of State 08-02-1999 90004 049 \*\*\*150.00

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Principal Place	e of Business	Mailing Address		-					
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Suite 103 Melbourne FL 32835		SUITE 103	1		DO NOT WE	RITE IN THIS !	SPACE		•
		MELBOURNE FL 32935	,		3. Date Incorporated or Qualifie	DO NOT WRITE IN THIS SPACE			
					11/17/1998				
D. Clinate of Programs		2a. Mailing Address			4. FEI Number	^	$\neg$	Applie	d For
2. Principal Place of Business		26			59-35-4417	<u>8</u>			pplicable
21		. Suite, Apt. #, etc.		<del></del>			\$8.7	5 Add	
Sulte, Apt. #	w, etc.	27			5. Certificate of Status Desired	Ц		Requ	
Z) — City & State		City & State			5. Election Campaign Financing		\$5.	00 ма	v Be
		28			Trust Fund Contribution	يتحداق 🕦	Add	ed to F	
Zip	Country	Zip	Count	ry	8. This corporation owes the cu				
4	25	29	30		Intangible Personal Property.		Yes	<u>U</u> N	0
<u></u>	9. Name and Address of C				10. Name and Address of New	Registered A	gent		
	<del></del>		8	Name	•				
	cilia, John R ESQ.		8	2 Street Add	ress (P.O. Box Number is Not Accep	table)			
1686	WEST HIBISCUS BLVD.		(°	Super Wool	1005 (1 .O. DOX 140111D01 N 1401 PAXAD)				
MELB	BOURNE FL 32901		8	3				•	
			-	4 55	<u>,                                      </u>	<del></del>	85	ip Coo	
	•		8	4 City		FL		JP	
11. Pursuant	to the ampleione of sections RO	7 0502 and 607 1508 Florida Str	atutes, the abov	re-named como	pration submits this statement for the	purpose of cha	anging It	s regis	ered
· · · rursuam	registered exect or holb, in the	State of Florida, Such change v	vas suthorized l		ion's board of directors. I hereby acci	ept the appoin	tment a	s regist	ered
office or r	Character addition poort in and		Cladda Claba	by the corporati					
agent, I a	am familiar with, and accept the	obligations of, section 607.0505	5, Florida Statut	oy the corporati es.	pration supprints this statement for the prior is being according to the property according to t				
SIGNATURE _				es.	guired when reinstating)	OATE			_
SIGNATURE .	Signature, typed or printed name of register	red agent and 194 if applicable.		es.		CATE			
SIGNATURE	Signature, typed or printed name of register OFFICER	nd agent and title if applicable. RS AND DIRECTORS	(NOTE: Registered	oy trig corporati es. d Agent algosture req	puired when reinstating)	CATE		TORS	
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SIGNATURE	Signature, typed or printed name of register OFFICER  D  SHECK, ROBERT	ned agent and title if applicable. IS AND DIRECTORS DELETI	(NOTE: Registered 13. 1.1 TETLE 1.2 NAME	d Agent algaeture reg	puired when reinstating)	CATE	DIREC	TORS	IN 12
SIGNATURE	OFFICER  D SHECK, ROBERT  1600 WEST EAU GALLIE E	ned agent and title if applicable. IS AND DIRECTORS DELETI	(NOTE: Registered 13. 1.1 TETLE 1.2 NAME	d Agent algorithm req	puired when reinstating)	CATE	DIREC	TORS	IN 12
SIGNATURE	Signature, typed or printed name of register OFFICER  D  SHECK, ROBERT	INC. Spent and the if applicable. IS AND DIRECTORS DELETI BLVD., SUITE 103	(NOTE: Registered 13. E 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY	of Agent algorithm req	puired when reinstating)	CATE	DIREC	TORS	IN 12
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