

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
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DOCUMENT # P98000106022

1. Corporation Name

MBC DESIGN GROUP, INC.

FILED

99 JUL 12 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

1715 KATHERINE COURT
LAKE WORTH FL 33461

1715 KATHERINE COURT
LAKE WORTH FL 33461

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/22/1998

4. FEI Number

65-0886803

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAURER, JANI E ESQ.
1715 KATHERINE COURT
LAKE WORTH FL 33461

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 NAME ☐ DELETE

POSTD
CHANEY, BRIAN
1715 KATHERINE COURT
LAKE WORTH FL 33461

TITLE NAME ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE

TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

800002939398--2
-07/22/99--01108--008

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

****150.00 ****150.00

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

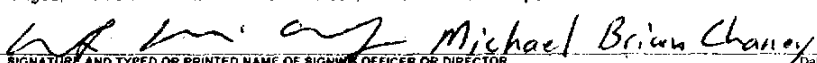
☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

3-5-99

Daytime Phone #

(511) 577-8122

CR2E034 (1/98)

MBC DESIGN GROUP

1715 KATHERINE COURT
LAKE WORTH, FL 33461
(561) 533.8123

June 28, 1999

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

I am requesting a waiver for the \$400.00 late fee. I had a leg injury in March, in which I was heavily medicated and immobile. With me being the only person at MBC Design Group, Inc. I was unable to attend to any business issues. I have enclosed a written description of my injury from my doctor and a check for the original amount.

Sincerely,



Michael Brian Chaney
President
MBC Design Group

Enclosure (2)



Michael Cooney, M.D.

1411 No. Flagler Drive, Suite 9800
West Palm Beach, FL 33401
(561) 694-7776

3401 PGA Boulevard, Suite 500
Palm Beach Gardens, FL 33410
(561) 694-7776

Name Michael B. Chaney Date 6/11/99
Address _____

R Please excuse this gentleman ^{if Medically necessary} tardiness in business matters as he suffered a right ankle fracture 3/15/99 and has been on PT Label narcotic medications for the past two months.

Refill 0 - 1 - 2 - 3 - 4 - 5 - P.R.N.

Prescriptions will be renewed
Monday-Friday from
9:30 A.M. - 4:00 P.M. Only!

Michael Cooney
Michael Cooney, M.D.
AC794711
FL0055243