PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9900000115

1. Corporation Name

MB ARTISTIC ENTERPRISES, INC.

Principal Pla	ce of Business	Mailing Address					
4820 N.W. 74TI POMPANO BEA		4820 N.W. 74TH PL. POMPANO BEACH FL 33073					
PUMPANU BEA	IOH FL 330/3	POMPANO BEACH PL 330/3			DO NOT WRITE	IN THIS SPACE	
					3. Date Incorporated or Qualifed		
					12/30/1998		
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number	2	Applied For
21		26			65-10902849	1	Not Applicable
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.			Continue (Change Basins)	\$8.7	5 Additional
22		27			5. Certificate of Status Desired	FeeFee	Required
City & Sta	ate	City & State			6. Election Campaign Financing	□ \$5.0	00 May Be
23		28			Trust Fund Contribution		ed to Fees
Zip	Country	Zip	Country		8. This corporation owes the current	·	~~
24	25	29 3	0		Personal Property Tax.	Yes	<u></u> ∠€20%₀
	9. Name and Address of Currer	t Registered Agent			10. Name and Address of New Reg	gistered Agent	
			81	Name			
BOUCHARD, MICHEL 4820 N.W. 74TH PL. POMPANO BEACH FL 33073				Street Add	fress (P.O. Box Number is Not Acceptable	e)	
				Ou dot rido			
			84	City		85 Z	ip Code
			04	City		FL S '	ip Code
SIGNATURE	am familiar with, and accept the obligation of t				ed when reinstating)	DATE	
12.		OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFIC	CERS AND DIREC	TORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			☐ Chan	ge Addition
NAME	BOUCHARD, MICHEL		1.2 NAME				
STREET ADDRES			1.3 STREE	ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL 33073		1.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	2.1 TITLE			Chan	ge Addition
NAME			2.2 NAME				
STREET ADDRES	s		2.3 STREET	ADDRESS	_		
CITY-ST-ZIP			2.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			☐ Chan	ge 🔲 Addition
NAME			3.2 NAME	}			
STREET ADDRES	s		3.3 STREE	TADORESS			
CITY-ST-ZIP			3.4. CITY- S	T-ZIP			
TITLE		DELETE	4.1 TITLE			☐ Chan	ge Addition
NAME			4. 2 NAME				
STREET ADDRES	s		4.3 STREE	ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			

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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6,3 STREET ADORESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TILLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

☐ DELETE

☐ Change

Change

FILED

May 06, 1999 8:00 am Secretary of State

05-06-1999 90224 013 ***150.00

☐ Addition

Addition