FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$79256

(1)

M.B.G. PROPERTIES, INC.

FILED Apr 24 1998 8:00am Secretary of State



District Discret Discret					-{	
Principal Place of Business Mailing Address						
% MARC P. OSSINSKY 210 N. WYMORE RD. WINTER PARK FL 32789		% MARC P. OSSINSKY 210 N. WYMORE RD. WINTER PARK FL 32789		DO NOT WRITE IN THIS SPACE		
HILLER FRAN	, V.C. 32700	WHILE FRANCE GETOD			Date Incorporated or Qualified 09/10/1991	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		59-3087477	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	9	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zıp	Country	Zip	Count	ry	8. This corporation owes or has paid the curr	
24	25		30			Yes No
	g. Name and Address of Curre	nt Registered Agent		-	10. Name and Address of New Registered A	gent
OS	SINSKY, MARC P.		8	1 Name		
210 N. WYMORE RD. WINTER PARK FL 32789			8:	82 Street Address (P.O. Box Number is Not Acceptable)		
***	VIENT PART E GENOU		8	3		
			8	4 City	FI	85 Zip Code
agent. I a SIGNATURE	M samiliar with, and accept the boiling Signature, typed or printed riame of registered as	gations of, Section 607,0505, Fig.	Registered A	es.	poration submits this statement for the purpose of ation's board of directors. I hereby accept the appointed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	
12.	PSTD OFFICERS AT	ND DIRECTORS DELETE	13. 11 TITLE		ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
TITLE	GOWON, MOSES BALA		1.2 NAM			C charge C / double
NAME	32 BROADGATES AVE			ET ADDRESS		
STREET ADDRESS	HADLEYWOOD HERTS ENG					
CITY+ST-ZIP TITLE	INDUCTION TENTO ENG	DELETE	1.4 CITY 2.1 TITLE			Change Addition
		- Direct	2.2 NAMI			
NAME						
STREET ADDRESS				ET ADDRESS	, and the second	
CITY-ST-ZIP TITLE		DELETE	2. 4 CHY	-ST-ZIP		☐ Change ☐ Addition
NAME		C vice	3.2 NAM			•
				ET ADORESS		
STREET ADDRESS				-ST-ZIP		
CITY - ST - ZIP	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DELETE	4.1 TITLE			Change Addition
			4.7 HILE	1		
NAME				ET ADDRESS		
STREET ADDRESS			1			
CITY-ST-ZIP		DELETE	4.4 CITY 5.1 107LE			Change Addition
NAME	1		5.2 NAM			
				ET ADDRESS		
STREET ADDRESS				- 1		
CITY-ST-ZIP		☐ DELETE	5.4 CITY 6.1 TITLE			Change Addition
TITLE		ب مدرواد	6.1 IIIE	ĺ		e v.narigo
NAME						
STREET ADDRESS				ET ADDRESS	•	
CITY-ST-ZIP	l		6.4 CITY	-ST-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 trusted 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.

SIGNATURE:

03-24-98