


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

FILED  
May 14, 1999 8:00 am  
Secretary of State

05-14-1999 90001 032 \*\*\*450.00



<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # V49176</b>					
1. Corporation Name <b>M P I, INC.</b>					
Principal Place of Business <b>530 SO CTY RD 427 STE 110 LONGWOOD FL 32750 US</b>			Mailing Address <b>530 SO CTY RD 427 STE 110 LONGWOOD FL 32750 US</b>		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 <b>530 S.C.R. 427</b> Suite, Apt. #, etc. 22 <b>#116</b> City & State 23 <b>Longwood, FL</b> Zip 24 <b>32750</b> Country 25 <b>USA</b>			2a. Mailing Address 26 <b>530 S.C.R. 427</b> Suite, Apt. #, etc. 27 <b>#116</b> City & State 28 <b>Longwood FL</b> Zip 29 <b>32750</b> Country 30 <b>USA</b>		
3. Date Incorporated or Qualified <b>06/30/1992</b>			4. FEI Number <b>NOT APPLICABLE</b>		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required			6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
7. This corporation owes the current year Intangible Personal Property Tax. <b>N/A</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
9. Name and Address of Current Registered Agent <b>FIGUEIREDO, MARIE T 1770 CHINOOK TR MAITLAND FL 32751</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 607.0905, Florida Statutes. SIGNATURE <b>MARIE T. Figueiredo</b> <i>MARIE T. Figueiredo</i> <b>4/20/99</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
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: **MARIE T. Figueiredo** *MARIE T. Figueiredo* **4/20/99 (407) 331-1990**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)