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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State **Katherine Harris**

04-23-1999 90085 036 ***150.00

1. Corporation	Name VOCOC	•					
MB ENTERPRISES OF SOUTHWEST FLORIDA, INC.							
						(† 1)6 1) 6(8 () 4 (1) 6 (
	<u>-</u>						
Principal Place of Business Mailing Address							
ROBERT MANDEL & STACEY BASIST 6637 MIDDLESET PLACE							
6637 MIDDLESEX PL NAPLES FL 33942 US					DO NOT WRITE IN THIS SPACE		
US US					3. Date Incorporated or Qualifed		
					08/26/1992		
Principal Place of Business 2a. Mailing Address					4. FE! Number	Apr	plied For
21					65-0357358		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 A	
22 27						Fee Rec	·
City & State City & State			•		6. Election Campaign Financing Trust Fund Contribution Added to Fees		
23			Country				
Zip	·		30		8. This corporation owes the current year Intangible Personal Property Tax. Yes No		
24 25 29 29 9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
	J. Haile and Address of Cure	ur trefliste an Uffaitr	81	Name			
CON	NOY, J. THOMAS ESQ.			<u> </u>	(0.0.0		
3838 TAMIAMI TR N			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		İ
STE 402		•	83		-		
NAPLES FL 34103				0"	.	. 85 Zip C	`ada
•			84 City		F	EL 85 Zip C	,ode
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes	, the above	e-named corpo	pration submits this statement for the purpose	of changing its	registered
office or ri	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut	nonzed by	the corporatio	n's board of directors. I hereby accept the ap	pointment as reg	jistered
_	The state of the s						
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: R	egistered Ager	nt signature required			
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	SP	☐ DELETE	1.1 TITLE			☐ Change	☐ Audigon
NAME	MANDEL, ROBERT		1.2 NAME				
STREET ADDRESS	6637 MIDDLESEX PL		1.3 STREET ADDRESS				\
CITY-ST-ZIP	11.1. 220 / 2 000 / 2		1.4 CITY-S	T-21P		Change	Addition
TTLE	VT		2.1 TITLE			onango	
NAME .	DAGIOT, STACET		2.2 NAME	r + DDDDC00			
STREET ADDRESS	1		2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP				ļ
CITY-ST-ZIP			2. 4 CITY-S 3.1 TITLE	51-ZIP		☐ Change	Addition
TITLE			3.2 NAME				
NAME				T ADDRESS			ļ
STREET ADDRESS	[*]		3.4. CITY-5				}
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME		•	4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP	1		4.4 CITY-S				
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADORESS	PORESS		5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE	☐ DELETE		6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			

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.

6.4 CITY-\$T-ZIP

CITY-ST-ZIP