

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
SHARON H. MONTGOMERY
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

55 MAY -1 AM 9:39

DOCUMENT # **J78849** (3)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
M.Y.K. PROPERTIES, INC.

Principal Place of Business: **% LEE SELIGMAN
3900 N 45TH AVE
HOLLYWOOD FL 33021**
Mailing Address: **% LEE SELIGMAN
3900 N 45TH AVE
HOLLYWOOD FL 33021**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/18/1987		3a. Date of Last Report 07/14/1994	
4. FEI Number 59-2842245		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. The corporation has liability for damages for under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business				2a. Mailing Address				4. FEI Number				Applied For	
21				26				59-2842245				Not Applicable	
22				27				5. Certificate of Status Desired				<input type="checkbox"/>	
23				28				6. Election Campaign Financing Trust Fund Contribution				<input type="checkbox"/>	
24		25		29		30		8. The corporation has liability for damages for under S. 199.032, Florida Statutes				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**SELIGMAN, LEE
3900 N 45TH AVE
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.01(2) and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent of 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGE TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME STREET ADDRESS CITY / STATE	PSD SELIGMAN, SHARON A. 3900 N 45TH AVE HOLLYWOOD FL	13.1 NAME STREET ADDRESS CITY / STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME STREET ADDRESS CITY / STATE	VTD SELIGMAN, LEE 3900 N 45TH AVE HOLLYWOOD FL	13.2 NAME STREET ADDRESS CITY / STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 NAME STREET ADDRESS CITY / STATE	D FARBER, NATHAN G. 144-39 70TH AVE FLUSHING NY	13.3 NAME STREET ADDRESS CITY / STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4 NAME STREET ADDRESS CITY / STATE		13.4 NAME STREET ADDRESS CITY / STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME STREET ADDRESS CITY / STATE		13.5 NAME STREET ADDRESS CITY / STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME STREET ADDRESS CITY / STATE		13.6 NAME STREET ADDRESS CITY / STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 NAME STREET ADDRESS CITY / STATE		13.7 NAME STREET ADDRESS CITY / STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for this exemption stated in Section 199.03(2)(b), Florida Statutes. I further certify that the information included 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or on an after formed with an addendum.

SIGNATURE: *Sharon A. Seligman* SHARON A. SELIGMAN 4/25/95 305/962-6168
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR