

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Murtham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K32119 (5)

1. Corporation Name

MEC ENTERPRISES, INC.

APPROVED
AND
FILED

95 APR 18 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3411 SW 49TH WAY, #6 (DAVIE, FL 33014)
P.O. BOX 8547
PEMBROKE PINES FL 33084

Mailing Address

3411 SW 49TH WAY, #6 (DAVIE, FL 33014)
P.O. BOX 8547
PEMBROKE PINES FL 33084

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/31/1988

3a. Date of Last Report

02/15/1994

4. FEI Number

65-0074932

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 3358 S.W. 49th Way

Suite, Apt. #, etc

22 #2

City & State

23 Davie, FL

Zip

24 33314

Country

25 Broward

2a. Mailing Address

26 3358 S.W. 49th Way

Suite, Apt. #, etc

27 #2

City & State

28 Davie, FL

Zip

29 33314

Country

30 Broward

9. Name and Address of Current Registered Agent

GENEROTTI, E.J. ESQ
2404 HOLLYWOOD BLVD
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name

Larry A. Karns, Esq.

82 Street Address (P.O. Box Number is Not Acceptable)

1212 S.E. Second Avenue

83

84 City

Fort Lauderdale,

FL

85 Zip Code

33316

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 607.0505, Florida Statutes.

SIGNATURE

Larry A. Karns

3/30/95

12. OFFICERS AND DIRECTORS

TITLE	PVD
NAME	CLARK, MAX EDWARD
STREET ADDRESS	5580 NE 29TH AVE.
CITY, ST, ZIP	FT. LAUD FL
TITLE	ST
NAME	CLARK, DENISE
STREET ADDRESS	5580 NE 29TH AVE.
CITY, ST, ZIP	FT. LAUD FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 110.07(3)(k), 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. I am a resident of the State of Florida.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/95

305-791-5558