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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K32119 (5)

MEC ENTERPRISES, INC.

## **FILED** Apr 09 1998 8:00am Secretary of State

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Original Direct	-10				<u> </u>		
Principal Place of Business Mailing Address							
3358 S.W. 49	ITH WAY	P.O. BOX 8547					
DAVIE FL 33314		#2 PEMBROKE PINES FL 33084		DO NOT WRITE IN THIS SPACE			
US		US			3. Date Incorporated or Qualified		
					08/31/1988		
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For	
21		26			65-0074932	Not Applicable	
Suite, Apt. #, etc.		h	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22 City & State			27]			Fee Required	
23		<b></b>	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be	
23   Zip	Country	<b>28</b> ]	Country		Trust Fund Contribution	Added to Fees	
24	25	<u>}</u> -, ′	30		8. This corporation owes or has paid the	current year Intangible	
241	9, Name and Address of Curr		30]		Personal Property Tax due June 30.  10. Name and Address of New Register		
KARNS, LARRY A.				Name	io.		
	32 NW 5TH STREET ANTATION FL 33317		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
1 5 41/1/1011 1 2 5591/			83				
			84	City		■ 85 Zip Code	
<u>                                       </u>							
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 Signature, typod or printed name of registered apost and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE							
12.		ND DIRECTORS	13.	in signature requi	ADDITIONS/CHANGES TO OFFICERS		
TITLE	PVD	DELETE.	1.1 TITLE		TOO THOUGHT AND TO STATE OF THE PARTY OF THE	Change Addition	
NAME	CLARK, MAX EDWARD		1.2 NAME	İ			
STREET ADDRESS	5580 NE 29TH AVE.		1.3 STREET	ADDRESS			
CITY-ST-ZIP	FT. LAUD FL		1.4 CITY-S	T-ZIP			
TITLE	AS		2.1 TITLE			☐ Change ☐ Addition	
NAME	Clark, Denise		2.2 NAME				
STREET ADDRESS	5580 NE 29TH AVE		2.3 STREET	ADDRESS			
CITY-ST-ZIP	FT. LAUD FL		2. 4 CITY - S	IT-ZIP			
TITLE	DELETE 3.		3.1 TITLE			☐ Change ☐ Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRE\$S			
CITY-ST-ZIP			3.4. CITY - S	T- ZIP			
TITLE			4.1 TITLE			Change Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET				
CITY-ST-ZIP		- I briere	4.4 CITY - S1	r- ZIP			
TITLE NAME		☐ DELETE	5.1 TIFLE			Change Addition	
			5 2 NAME				
STREET ADDRESS			5.3 STREET				
CITY-ST-ZIP TITLE		5.40 DELETE 6.17		-ZIP		Change Addition	
NAME		otterie	6.1 TITLE			L Change L Addition	
			6.2 NAME				
STREET ADDRESS			6.3 STREET				
CITY-ST-ZIP			6.4 CITY-ST	-ZIP			

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.

4/2/08 /951/791-5558