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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P97000081138 (4)

MGK OF TALLAHASSEE, INC.

Principal Place of	Business
--------------------	----------

## **FILED** Apr 20 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Addres	S					,
4823 PIMLICO DRIVE		4823 PIMLICO	4823 PIMLICO DRIVE					
TALLAHASSE	E FL 32308	TALLAHASSEE	FL 32308			50 1107 1117/75		
						DO NOT WRITE	N THIS SPACE	
						3. Date Incorporated or Qualified		
<b>A B 3 3 3 3 3 3</b>				<b>.</b>		09/18/1997		··-
_	lace of Business	2a. Mailing Add	ress			4. FEI Number	Applied	
21		26					<del></del>	oplicable
Sulte, Apt.	#, etc.	Suite, Apt. #	, etc.			5. Certificate of Status Desired	\$8.75 Addit	
22		27					Fee Require	ed
City & State	e	City & State				6. Election Campaign Financing	\$5.00 мау	
23	Country	26		<u> </u>		Trust Fund Contribution	Added to Fe	
Zip	Country	Zip	—	Country		8. This corporation owes or has paid		
24	25	29	30			Personal Property Tax due June 3		0
	9, Name and Address of Curi	ent negistered Agent		81	Name	10. Name and Address of New Reg	istered Agent	
	EUND, MARK				Mairie			
4 4823 PIMLICO DRIVE				82	Street	Address (P.O. Box Number is Not Acceptable	9)	
TA	LLAHASSEE FL 32308							
				83				
				84	City		85 Zip Code	0
							FL	
11. Pursuant t	to the provisions of Sections 607.0	502 and 607.1508, Flori	da <b>Sta</b> tutes, th	ne above	-named	corporation submits this statement for the purporation's board of directors. I hereby accept	rpose of changing its requirement as requirement	gistered
agent I a	m familiar with, and accept the ob	ligations of, Section 607	.0505, Florida	Statutes	i.	porution a board of directors. Thereby decopt	the appointment as regi-	Sicrod
SIGNATURE								
	Signature, typed or printed name of registered				nt signature	required when reinstating)	DATE	
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	D POLTA MALAY		9	1.1 TITLE			Change	Addition
NAME	KOLTA, MALAK			1.2 NAME				
STREET ADDRESS	4823 PIMLICO DRIVE			1.3 STREET	ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32308			1.4 CITY - S1	I - ZIP			T
TITLE		υv		2.1 TITLE			Change	Addition
NAME				2.2 NAME				
STREET ADDRESS				2.3 STREET	ADDRESS			
CITY+ST-ZIP				2. 4 CITY+S	T - ZIP			•
TITLE			ELETE :	3.1 TITLE	į		Change	Addition
NAME				3.2 NAME				
STREET ADDRESS			;	3.3 STREET	address			
CITY-ST-ZIP				3.4. CITY - S	T-21P			
TITLE		□ D	ELETE	4.1 TITLE			Change	J Addition
NAME			•	4. 2 NAME				
STREET ADDRESS			1	4.3 STREET	address			
CITY-ST-ZIP				4.4 CITY-ST	- ZIP			
TITLE		□ D	LETE S	5.1 TITLE			•	Addition
NAME				5.2 NAME				av 1
STREET ADDRESS				5.3 STREET A	address		1.	1.20
CITY-ST-ZIP				5.4 CITY - ST	- ZIP			' <i>0</i> U
TITLE		□ DI	LETE 6	6.1 TITLE		90000249	Change 🗆	Addition
NAME			6	6.2 NAME		-04/20/980100	1011	
STREET ADDRESS				6.3 STREET A	ADDRESS	***150.00		
CITY-ST-ZIP			<b>1</b> 6	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.

HILLIAGO

105A) KAA