

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

FILED

**Apr 08 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K75723 (2)

1. Corporation Name
MWK CONSULTING, INC.



Principal Place of Business 1917 HILL DRIVE PALM HARBOR FL 34683	Mailing Address 1917 HILL DRIVE PALM HARBOR FL 34683-6622
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/24/1989	3a. Date of Last Report 04/15/1996
21	26	4. FEI Number 59-2192517	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt #, etc.	27 Suite, Apt #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

**KONOMOS, MICHAEL
1917 HILL DRIVE
PALM HARBOR FL 34683**

10. Name and Address of New Registered Agent

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

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KONOMOS, MICHAEL W.	1.2 NAME	
STREET ADDRESS	1917 HILL DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KONOMOS, WILLIAM M.	2.2 NAME	
STREET ADDRESS	1917 HILL DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP	
TITLE	PSD <input type="checkbox"/> DELETE	3.1 TITLE	Secretary + Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KONOMOS, GEORGIA P.	3.2 NAME	
STREET ADDRESS	1917 HILL DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR + TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KONOMOS, VIRGINIA E.	4.2 NAME	
STREET ADDRESS	1917 HILL DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	President + Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAN KONOMOS	5.2 NAME	
STREET ADDRESS	664 BERRYWOOD WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	5.4 CITY-ST-ZIP	
TITLE	HELEN Munnerylyn <input type="checkbox"/> DELETE	6.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HELEN Munnerylyn	6.2 NAME	HELEN Munnerylyn
STREET ADDRESS	2400 WINDING CREEK BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	BLDG 10 UNIT 101	6.4 CITY-ST-ZIP	
	CLEARWATER FL.		

14. I do 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.

SIGNATURE: **Georgia Konomos** **SECRETARY** **1 4-2-97** **813-784-4600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)