

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90077 030 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **K75723**

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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	03/24/1989	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	59-2192517	
24	Country	29	Country	5. Certificate of Status Desired <input type="checkbox"/>	
25		30		Applied For	
				Not Applicable	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KONOMOS, MICHAEL 1917 HILL DRIVE PALM HARBOR FL 34683				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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-STATE-ZIP	PALM HARBOR FL			1.4 CITY-STATE-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-STATE-ZIP	PALM HARBOR FL			2.4 CITY-STATE-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KONOMOS, GEORGIA P.			3.2 NAME			
STREET ADDRESS	1917 HILL DR.			3.3 STREET ADDRESS			
CITY-STATE-ZIP	PALM HARBOR FL			3.4 CITY-STATE-ZIP			
TITLE	DT	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KONOMOS, VIRGINIA E.			4.2 NAME			
STREET ADDRESS	1917 HILL DR.			4.3 STREET ADDRESS			
CITY-STATE-ZIP	PALM HARBOR FL			4.4 CITY-STATE-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DEAN KONOMOS			5.2 NAME			
STREET ADDRESS	664 BERRYWOOD WAY			5.3 STREET ADDRESS			
CITY-STATE-ZIP	PALM HARBOR FL			5.4 CITY-STATE-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MUHNERLYN, HELEN			6.2 NAME			
STREET ADDRESS	2400 WINDING CREEK BLVD			6.3 STREET ADDRESS			
CITY-STATE-ZIP	CLEARWATER FL			6.4 CITY-STATE-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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, with all other like empowered.

SIGNATURE: Georgia P. Konomos / **GEORGIA P. KONOMOS** Date: 4/26/99 Daytime Phone #: 721-784-4600

CR2E034 (1/98)