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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Jan 20 1998 8:00am Secretary of State

DOCU!	MENT n Name	# 468	3140	1	(9)										
MARK V	W. KAY,	P. A.													
Principal Place	e of Busines	s		Mailing Addr	ess					- 1788111 038110 81501 18581 11911 0381	ELI BIBLI BLEIL				
7000 S.W. 62				7000 S.W. 6		F									
PENTHOUSE				PENTHOUSE		-									
South Miam	I FL 33143			SOUTH MIAI	MI FL 33143					DO NOT WRITI	E IN THIS S	SPACE			٦.
										3. Date incorporated or Qualified					
2. Principal Pl	lana of Ducie			2a. Mailing Address						12/31/1974 4. FEI Number		- 1 1	Applie	d For	1
	iace oi busii	1622	l-	-,	Quiess	Ē	-			59-1538984		 		oplicable	1
Suite, Apt. #, etc.				Suite, Apt. #, etc.								\$8.7			1
22				27						5. Certificate of Status Desired			Requir		
City & State				City & State						6. Election Campaign Financing		\$5.0	00 Ma	v Be	1
23				28			<u>. </u>			Trust Fund Contribution			ed to F]
Zip		Country		Zip			Country	,		8. This corporation owes or has p	aid the curi	ent year			1
24				- 1		30	10			Personal Property Tax due June		Yes	□ N	0	1
	9. Name	and Address	of Current Re	gistered Age	nt	•	-			10. Name and Address of New Ro	gistered /	Agent			-
	y, mark v						81	Nam	е						
	00 SW 621						82	Stree	t Addre	ss (P.O. Box Number is Not Accepta	ble)]
PENTHOUSE B							83								-
SO	UTH MIAM	II FL 33143					03								ŀ
							84	City			FL	85 Z	ip Cod	e	1
dd Diverset	ta tha manna	one of Continu	0 CO7 OEO2 00	4 607 1500 EI	larida Statu	ton th	a above	0-2000	d corne	oration cultimite this statement for the		changin	a ite re	nistored	-
office or re	egistered ag	ent, or both, in	the State of Fl	orida. Such ci	hange was	autho	ized by	y the co	rporatio	oration submits this statement for the on's board of directors. I hereby acce	pt the app	ointment	as reg	istered	
agent. I ai	m familiar w	ith, and accept	the obligation:	s of, Section 6	607.0505, Fi	orida j	Statute	S.						-	
SIGNATURE	Signature types	or printed name of re	enistered agent and	title if applicable.	(NO	re: Regis	itered Agr	ent signat	ure require	d when reinstating)	DATE				_
12.			CERS AND DI		, <u></u>		13.			ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECT	QRŞ II	v 12	6 -
TITLE	PD DELETE						1.1 TITLE					☐ Chang	je 🗀	Addition]€
NAME	KAY, MARK W					1	1.2 NAME								12
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CITY-ST-ZIP						6	.4 CITY-5	ST-ZIP	<u> </u>						
14. I hereby o	ertify that th	e information s	upplied with th	is filing does	not qualify f	or the	exemp	tion sta	ited in S	Section 119.07(3)(i), Florida Statutes.	further ce	rtify that t der oath:	tha info	ormation am an	

execute this report as required by Chapter 607, Florida Statutes; and that my name appears in