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CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 531415

(8)

Mailing Address

M K ENTERPRISES, INC.

Principal Place of Business

《陳門院院》:"一次教育教育教育的教育,我们是教育教育的教育教育,我们是教育教育,我们是教育教育,我们是教育教育,但是教育教育,是教育教育,是教育教育,也是是是教育的,也是是不是教育教育教育,我们是

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FILED
Apr 21 1997 8:00am
Secretary of State

85

Zip Code

P O BOX 1073 Punta Gorda Fl. 33951-8073	P O BOX 1073 PUNTA GORDA FL 33951-1073				
			3. Date Incorporated or Qualified 04/13/1977	3a, Date of Last Report 05/01/1996	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	26 7.0. Box SII	013	59-1731896	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
2ip Country 25	Zip Coo	untry	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes D No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
KATZEN, MELVYN 329 E OLYMPIA AVE PUNTA GORDA FL 33950		81 Name 82 Street Addre	ess (P.O. Box Number is Not Acceptab	le)	
		83			

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

84 City

m familiar with, and accept the obligations of	Section 607.0505, Flor	ida Statutes	poration a board of directors. This only accept the ap	pointinon de	Togistorea
Slaughter typod or printed hance of prostered agent and title if	applicable (NOI)	Registered Agent signature	e required when reinstating) DATE		
		13.		D DIRECTOR	RS IN 12
PĎ	DELETE	1.1 TITLE		Change	Addition
KATZEN, MELVYN J.		1.2 NAME			
329 E. OLYMPIA AVENUE		1.3 STREET ADDRESS			
PUNTA GORDA FL		1.4 CITY - ST - 7(P			
V	DELETE	2.1 THLE	SECRETARY	Change	☐ Addition
DUNN, RANDY		2.2 NAME			
629 E. OLYMPIA AVENUE		2.3 STREET ADDRESS			
PUNTA GORDA FL		2. 4 CITY - ST - 2(P			
ST	DELETE	3.1 TITLE	TREASURER	Change	Addition
DUNN, ARLINDA		3.2 NAME			
329 E. OLYMPIA AVENUE		3.3 STREET ADDRESS			
PUNTA GORDA FL		3.4. C(1 Y - S1 - Z(P			
	☐ DELE1E	4.1 TITLE		☐ Change	Addition
		4. 2 NAME			
		4.3 STHEET ADDRESS			
		4.4 CITY - ST - ZIP			
	DELETE	5.1 TITLE		Change	Addition
		5.2 NAME			
		5.3 STREET ADDRESS			
		5.4 CITY-S1-ZIP			
	DELETE	6.1 TITLE		Change	Addition
		6.2 NAME			
		6.3 STREET ADDRESS			:
	Signature, typod or printed hance of registered agent and tate if. OFFICERS AND DIRECT PD KATZEN, MELVYN J. 329 E. OLYMPIA AVENUE PUNTA GORDA FL V DUNN, RANDY 629 E. OLYMPIA AVENUE PUNTA GORDA FL ST DUNN, ARLINDA 329 E. OLYMPIA AVENUE	Signature, typod or printed name of registered agent and title If applicable (NOTE OFFICERS AND DIRECTORS PD	Signature, typod or printed hance of registered agent and late if applicable (NOTE Registered Agent signature) OFFICERS AND DIRECTORS PD KATZEN, MELVYN J. 329 E. OLYMPIA AVENUE PUNTA GORDA FL 1.3 STREET ADDRESS PUNTA GORDA FL 1.4 CITY-ST-ZIP DUNN, RANDY 629 E. OLYMPIA AVENUE PUNTA GORDA FL 2.2 NAME 2.3 STREET ADDRESS PUNTA GORDA FL 3.1 TITLE 3.1 TITLE 3.1 TITLE 3.1 TITLE 3.1 TITLE 3.3 STREET ADDRESS PUNTA GORDA FL DELETE 1.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	Signature, typed or printed name of registered agont and late if applicable OFFICERS AND DIRECTORS PD CATZEN, MELVYN J. 320 E. OLYMPIA AVENUE PUNTA GORDA FL V DELETE ST DUNN, RANDY 629 E. OLYMPIA AVENUE PUNTA GORDA FL ST DUNN, ARLINDA 329 E. OLYMPIA AVENUE PUNTA GORDA FL ST DUNN, ARLINDA 329 E. OLYMPIA AVENUE PUNTA GORDA FL ST DUNN, ARLINDA 320 E. OLYMPIA AVENUE PUNTA GORDA FL ST DUNN, ARLINDA 320 E. OLYMPIA AVENUE PUNTA GORDA FL ST DUNN, ARLINDA 320 E. OLYMPIA AVENUE PUNTA GORDA FL ST DUNN, ARLINDA 320 E. OLYMPIA AVENUE PUNTA GORDA FL ST DELETE ST DELETE ST DELETE ST DELETE ST ST ST ST ST ST ST ST ST	DELETE D

6.4 CITY-ST-ZIP

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.