


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

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90111 045 ***150.00

0491739

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # F45207

1. Corporation Name
M & M KWIK PRINTING, INC.

Principal Place of Business 17166 CORTEZ BLVD BROOKSVILLE FL 34601 US	Mailing Address 17166 CORTEZ BLVD BROOKSVILLE FL 34601 US
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/09/1981	
21	26	4. FEI Number 59-2126705		Applied For 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 Country		29. Zip Country		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 ISKANDER, MOHEB 17166 CORTEZ BLVD BROOKSVILLE FL 34601				10. Name and Address of New Registered Agent			
81 Name				ISKANDER, MAKRAM			
82 Street Address (P.O. Box Number is Not Acceptable)				17166 CORTEZ BLVD.			
83							
84 City				BROOKSVILLE		85 Zip Code FL 34601	

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 *Makram Iskander* **"MAKRAM ISKANDER" STD** DATE **4/9/99**

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	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ISKANDER, MOHEB		1.2 NAME	ISKANDER, YVONNE	
STREET ADDRESS	17166 CORTEZ BLVD		1.3 STREET ADDRESS	17166 CORTEZ BLVD	
CITY-ST-ZIP	BROOKSVILLE FL		1.4 CITY-ST-ZIP	BROOKSVILLE, FL 34601	
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISKANDER, MEDHAT		2.2 NAME	ISKANDER, MOHEB	
STREET ADDRESS	17166 CORTEZ BLVD		2.3 STREET ADDRESS	17166 CORTEZ BLVD.	
CITY-ST-ZIP	BROOKSVILLE FL		2.4 CITY-ST-ZIP	BROOKSVILLE, FL 34601	
TITLE	STD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISKANDER, MAKRAM		3.2 NAME		
STREET ADDRESS	17166 CORTEZ BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL		3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE *Makram Iskander* **"MAKRAM ISKANDER" STD** DATE _____ DAYTIME PHONE # **(352) 799-3340**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1-1/98)