

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

04-16-1999 90111 045 ***150.00

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

3. Date Incorporated or Qualified

09/09/1981

4. FEI Number

59-2126705

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

FL

85 Zip Code
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*
Signature, typed or printed name of registered agent and title if applicable.

"MAKRAM ISKANDER" STD
(NOTE: Registered Agent signature required when reinstating)

4/9/99
DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME ISKANDER, MOHEB
STREET ADDRESS 17166 CORTEZ BLVD
CITY-ST-ZIP BROOKSVILLE FL

TITLE VD ☒ DELETE

NAME ISKANDER, MEDHAT
STREET ADDRESS 17166 CORTEZ BLVD
CITY-ST-ZIP BROOKSVILLE FL

TITLE STD ☐ DELETE

NAME ISKANDER, MAKRAM
STREET ADDRESS 17166 CORTEZ BLVD
CITY-ST-ZIP BROOKSVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition

1.2 NAME ISKANDER, YVONNE
1.3 STREET ADDRESS 17166 CORTEZ BLVD
1.4 CITY-ST-ZIP BROOKSVILLE, FL 34601

2.1 TITLE VD ☒ Change ☐ Addition

2.2 NAME ISKANDER, MOHEB
2.3 STREET ADDRESS 17166 CORTEZ BLVD.
2.4 CITY-ST-ZIP BROOKSVILLE, FL 34601

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0491739