Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90042 006 \*\*\*150.00

## 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

## DOCUMENT # H03664 1. Corporation Name

EDED MOKAV DEALTY INC

FRED MI	JKAY HEALIT, INC.						
Principal Place	of Business	Mailing Address			3 INCIDIT OUR PRINT DATE BELLE AND A STATE OF THE PRINT O		, 4,2,, 2,2,,
% FRED MCKAY		% FRED MCKAY, JR.					
771 BRANDON BLVD. W. 771 BRANDON BLVD. W.					DO NOT WRITE IN THIS	SPACE	
BRANDON FL 33511 BRANDON FL 33511					3. Date Incorporated or Qualifed	OI AOL	
					05/14/1984		
		2a. Mailing Address		_	4. FEI Number	- I	Applied For
2. Principal Pl	— ·				59-2404479		Not Applicable
21	26 Suite, Apt. #, etc.					\$8.75	Additional
<del></del> 1	uite, Apt. #, etc.				5. Certificate of Status Desired	Fee F	Required
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
	•	28			Trust Fund Contribution	Added	d to Fees
Zip	Country		Country		8. This corporation owes the current year Inf		_
24	25	29 30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered	Agent	
			81	Name			ļ
CURRY, CLIFTON C JR.				Street A	Address (P.O. Box Number is Not Acceptable)		
LAW OFFICES CURRY & ASSOCIATES, P.A.			82				
750 WEST LUMSDEN			83				
BRA	NDON FL 33511		84	City	· · · · · · · · · · · · · · · · · · ·	85 Zip	p Code
				1	corporation submits this statement for the purpose of		
SIGNATURE	m familiar with, and accept the oblig  Signature, typed or printed name of registered ag  OFFICERS A				equired when reinstating)  ADDITIONS/CHANGES TO OFFICERS A		
TITLE	P		1.1 TITLE			☐ Change	e 🗀 Addition
NAME	LYNN A LANCASTER		1.2 NAME				ļ
STREET ADDRESS	77 W BRANDON BLVD		1.3 STREE	TADDRESS			
CITY-ST-ZIP	BRANDON FL 33511		1.4 CITY-5	T-ZIP			
TITLE		☐ DELETE	2.1 TITLE			Change	e 🗌 Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	T ADDRESS			
CITY-ST-ZIP		<u>1</u>	2. 4 CITY-	ST-ZIP			
TITLE		☐ OELETE	3.1 TITLE			Chang	je 🗌 Addition
NAME			3.2 NAME				
STREET ADDRESS		1	3.3 STREE	T ADORESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			ne Addition
TITLE		☐ DELETE	4.1 TITLE			Chang	'e D Vocinou
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP		☐ Chang	re Addition
TITLE		☐ DELETE	5.1 TITLE	ļ			,
NAME			5.2 NAME	T +0000000			
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP		[] ACLETE	5.4 CITY-1	51-28		☐ Chang	ge Addition
TITLE		☐ DELETE	6.2 NAME				,
NAME		•		TADDRESS			
CTDCCT ADDDCCC	.]		U.S SIRE	, AUDINESS	i .		

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 13 if chapted at on an attachment with an address, with all other like appropriated.

6.4 CITY-ST-ZIP

SIGNATURE