**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 12 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS DOCUMENT** # H74846 (7) M.L.M.L.N.L.G.L. CORP. Principal Place of Business Mailing Address 128 N.E. 2NO ST. 2213 E ATLANTIC BLVD **BOCA RATON FL 33432** POMPANO BEACH FL 33062 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/03/1985 2. Principal Place of Business 2a. Mailing Address Applied For 26 59-2839263 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5, Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zφ 8. This corporation owes or has paid the current year Intangible 29 24 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LEGAKIS, MANNY 128 N.E. 2ND STREET 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33432** 83 Zip Code 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 no of registerest agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1 1 TITLE Addition LEGAKIS, NIKITAS 1.2 NAME CR2E034 128 N.E. 2ND STREET STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33432** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition VSTD Change TITLE 21 TITLE LEGAKIS, MANNY NAME 2.2 NAME 128 NE 2ND STREET STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL 33432** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Change Addition TITLE 4 1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZW 4.4 CHTY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS **5 3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change ☐ Addition NAME 62 NAME

14. Thereby 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 repower 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 order ment with an address.

SIGNATURE:

\*\*SIGNATURE\*\*

\*\*SIGNATURE\*\*

\*\*Total Chapter 607 | 19.07(29/97) | 19.07(-28/-3.29.3)

\*\*Total Chapter 607 | 19.07(-28/-3.29.3)

\*\*Total Chapter 607 | 19.07(-28/-3.29.3)

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

STREET ADDRESS