

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED AND FILED**  
**95 APR 17 PM 2:40**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**DOCUMENT # J49387 (0)**  
1. Corporation Name  
**ERNEST MKLAVIC, INC.**

Principal Place of Business Mailing Address  
**2655 LEJEUNE RD. 3344 N.E. 167TH ST.**  
**2655 LEJEUNE ROAD 2655 LEJEUNE ROAD**  
**CORAL SPRINGS FL 33134 N. MIAMI BEACH FL 33160**  
**US US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/22/1986** 3a. Date of Last Report **04/28/1994**

2. Principal Place of Business **# ONE** 2a. Mailing Address  
**21 999 PONCE DE LEON BLVD 26**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**22 NO. ONE 27**  
City & State City & State  
**23 CORAL GABLES, FL 28**  
Zip Country Zip Country  
**24 33134 25 FLORIDA 29 30**

4. FEI Number **59-2752485** Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$8.75** Additional  
Fee Required  
6. Election Campaign Financing  **\$5.00** May Be  
Trust Fund Contribution Added to Fees  
8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**MKLAVIC, ERNEST R.**  
**3344 NW 167TH ST**  
**N MIAMI BCH FL 33160**

10. Name and Address of New Registered Agent  
**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City **FL** **85** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PDT</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MKLAVIC, ERNEST R.</b>	1.2 NAME	
STREET ADDRESS	<b>3344 NE 167TH ST.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N. MIAMI BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MKLAVIC, LINDA J</b>	2.2 NAME	
STREET ADDRESS	<b>3344 NE 167TH STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N. MIAMI BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		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		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		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ernest R. Mklavic Date: 4/8/95 (Initials) Phone #: 305-446-8400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR