FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** J78849 (3) M.Y.K. PROPERTIES, INC. Principal Place of Business Mailing Address % LEE SELIGMAN % LEE SELIGMAN 3900 N 45TH AVE 3900 N 45TH AVE HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 3. Date Incorporated or Qualified 3a. Date of Last Report 06/18/1987 Principal Place of Business 05/01/1995 2a. Mailing Address 4. FEI Number 21 Applied For 26 59-2842245 Suite, Apt. #, etc. Not Applicable Suite, Apt. #, etc. 22 \$8.75 Additional 5. Certificate of Status Desired 27 City & State Fee Required City & State 6. Election Campaign Financing 3 \$5.00 May Be 28 Trust Fund Contribution Add∈d to Fees Country Country 8. This corporation has liability for intangible tax under s 199.032, ₹4 25 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SELIGMAN, LEE 82 Street Address (P.O. Box Number is Not Acceptable) 3900 N 45TH AVE HOLLYWOOD FL 33021 83 84 City 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Trile **PSD** DELETE 1. 1 TITLE ☐ Change SELIGMAN, SHARON A. Addition NAME 1.2 NAME STREET ADDRESS 3900 N 45TH AVE 1.3 STREET ADDRESS HOLLYWOOD FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TOLE VTD DELETE 2 1 TITLE Change Addition NAME SELIGMAN, LEE 2.2 NAME STREET ADDRESS 3900 N 45TH AVE 2.3 STREET ADDRESS HOLLYWOOD FL CITY - ST - ZIP 2.4 CiTY-ST-ZIP TITLE DELETE 3.17/THE ☐ Change FARBER, NATHAN G. ☐ Addition NAME 3.2 NAME 144-39 70TH AVE STREET ADDRESS 3.3. STREET ADDRESS FLUSHING NY CITY-ST-ZIP 3.4 CiTY - ST - ZIP TITLE DELETE 4. 1 TITLE Change ■ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP TITLE DELETE 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 6.17tTLF Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-7IP 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 119.07(3)(k), 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 coath; 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. 6.4 CITY-ST-ZIP

Cee

SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER

JERIGHAN

SIGNATURE: