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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **J99363** 

(0)

THE MIKEN CORPORATION

**FILED** Mar 04 1998 8:00am Secretary of State

Principal Plac	ce of Business	Mailing Address			I TORTICE DITO TOTO TOTO TITLE STATE	AE INI MIRIT BIEIL AIAN	<b>41911 0191</b> 1	E1811 (58)	
5523 W. CYP	RESS STREET	5523 W. CYPRESS STREE	T						
R-2		R-2	R-2 Tampa FL 33607			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
TAMPA FL 3	9607								
US		US			· · · · · · · · · · · · · · · · · ·			ļ	
Principal I	Place of Business	2a. Mailing Address			10/23/1987 4. FEI Number		ΠΔr	plied For	
21	lace of Lightless	26					<del></del>	t Applicable	
Suite, Apt. #, etc.			Suite, Apt #, etc.				CO 75 (1981-1981		
22	. ,, 0.0	27			5. Certificate of Status Desired	ı 🗆 🧃	Fee Re		
City & Sta		City & State				na	\$5.00	May Re	
23		28			<ol> <li>Election Campaign Financia</li> <li>Trust Fund Contribution</li> </ol>	ື 🗆	Added t		
Zip Country		Zip				as paid the current		·····	
24	25	29	30		Personal Property Tax due			No	
<u></u>		of Current Registered Agent	100	•	10. Name and Address of Ne		nt	=	
146	CHMAN MICHAEL R.		1	Name /	0 . 4- (1 ) .			······································	
		OTE DA	Ļ	<u> </u>		<u>5 E5Q</u>	•		
	23 W. CYPRESS STREET,	, SIE. H-3	18	Street Ad	dress (P.O. Box Number is Not Aco	ptable			
TA	MPA FL 33807		17	39	119 3Wann	7470			
	•			~[					
			Ī	4 City 7		E1 8	5 Zip	Code	
<del></del>		607.0502 and 607.1508, Florida Statut the State of Florida Such change was a the abligations of Section 607.0505, Fix			mpa	FL [	<u></u>	3609	
SIGNATURE				Agent signature rei	quired when reinstaling)	2/24/6		S IN 12	
12.		CERS AND DIRECTORS DELETE	13.	<u> </u>	ADDITIONS/CHANGES TO C		Change	Addition	
TITLE	DPS	<del></del>	1.1 TITL				CHAING	L. Abdition	
NAME	WICHMAN, MICHAEL		1.2 NAN	·-					
STREET ADDRESS	5523 W. CYPRESS ST	INCEI, SIE. K-3		EET ADDRESS					
CITY-ST-ZIP	TAMPA FL	DELETE		r-ST-ZIP			Change	☐ Addition	
TITLE	<del>VPT</del> PTS		2.1 TITL			لــا	Change	C ADDITION	
HAME	ZINOVOY, MICHAEL		2.2 NAA	·-					
STREET ADDRESS	1 0000 111 0 111 120 0	T. STE. R-3	2.3 STR	EET ADDRESS					
CITY-ST-ZIP	TAMPA FL			Y-ST-ZIP			01		
TITLE		DELETE	3.1 TITL	· I		u	Change	Addition	
NAME	DEBORAH ZIN	nud frams roxo FL 33556	3.2 NAA					.• ≟	
STREET ADDRESS	INTER COPEU	THE TOTAL		EET ADDRESS					
CITY-ST-ZIP	OUESSA	ru 33356		Y-ST-ZIP			01-	1 2 2 2007	
TITLE		DELETE	4.1 THL	··· [		Ц	Change	Addition	
NAME			4. 2 NA	ME					
STREET ADDRESS			4.3 STR	EET ADDRESS					
CITY-ST-ZIP			4.4 CIT	r-ST-ZIP					
TITLE		☐ DELETE	5.1 TITL	E T			Change	Addition Addition	
NAME			5.2 NAM	AE .					
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TITLE		DELETE	6.1 TITL	E			Change	Addition	
NAME			6.2 NAM	AE	:				
STREET ADDRESS			6.3 STP	EET ADDRESS	•				
CITY-ST-ZIP				r-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 of mystee 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.