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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # K42221

1. Corporation Name

MEK REALTY, INC.

					i elek 1111 ilili ilili 1111 ilili 132
Principal Place	of Business	Mailing Address			1 \$1611 615(1 \$1611 41511 E1511 1541
C/O MARSHALL P KRUPNICK 4000 HOLLYWOOD BLVD SUITE 350N HOLLYWOOD FL 33021		C/O MARSHALL P KRUPNICK 4000 HOLLYWOOD BLVD SUITE 350N HOLLYWOOD FL 33021		DO NOT WRITE IN TH	IS SPACE
US		US	_	3. Date Incorporated or Qualifed 11/01/1988	
2. Principal Plant 21	ace of Business	2a. Mailing Address		4. FEI Number 65-0092826	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	9	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year I	
24	25		90	Personal Property Tax.	☐Yes ☐No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					d Agent
KDHI	DNICK MADCHALL D		81 Name		
KRUPNICK, MARSHALL P. 4000 HOLLYWOOD BLVD SUIT£350N		82 Street Add	ress (P.O. Box Number is Not Acceptable) O HOLLY WOOD BLVD		
1	E-30 0		83 54.7	E 350N	
HOL	LYWOOD FL 33021		84 City		85 Zip Code
			Ho	LLYWOOD F	L 33021
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the above-named corp	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	of changing its registered
office or re	egistered agent, or both, in the State of the familiar with, and accept the obligation	ions of, Section 607.0505, Florid	da Statutes.	ion's board of directors. Thereby decept the app	in an ingless
SIGNATURE				·	
SIGNATORE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: E	Registered Agent signature require	ad when reinstation) DATE	
					AND DIDECTORS IN 12
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PTSD		13. 1.1 TITLE		AND DIRECTORS IN 12 Change Addition
TITLE NAME	PTSD KRUPNICK, MARSHALL P.	D DIRECTORS	13. 1.1 TITLE 1.2 NAME		
TITLE	PTSD KRUPNICK, MARSHALL P. 4000HOLLYWOOD BLVD SUITE	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD KRUPNICK, MARSHALL P.	D DIRECTORS DELETE 350N	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
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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 12 or Block 13 if chapted, or on an attactoment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

1/24/99 954-9 Daytime

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90085 035 ***150.00

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