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

Mailing Address

% MARY HELEN KEIM

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K46098**

I. Corporation Name

Principal Place of Business

% MARY HELEN KEIM

MHK REALTY, INC.

FILED Feb 04, 1999 8:00am Secretary of State

02-04-1999 90012 023 ***150.00



4391 SE HAIG PT CR STUART FL 34997 US			4391 SE HAIG PT CT STUART FL 34997 US				DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified			
	•	•					11/18/1988			
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For			
21		26				65-0087208	` 	ot Applicable		
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	•	Additional		
22	·	27						equired		
City & State			City & State				6. Election Campaign Financing		May Be	
23			28				Trust Fund Contribution Added to Fees			
Zip Country			Zip Country				8. This corporation owes the current year l	ntangible □ Yes	□No	
24	25		29	30	Γ.		Personal Property Tax. 10. Name and Address of New Registere			
			Registered Agent		81	Name	10. Naite and Address of New Registers	a rigotic		
KEIM	MARY HELEN									
	SE HAIG PT CT		82 Street Addr		Street Add	dress (P.O. Box Number is Not Acceptable)				
	ART FL 34997			83		TO CASE S. P. RESERVE SET SET SEE SET SET SET SET SET SET SE	(A)A), 4(A)[8(2)	5181 3181 1831		
310/-	INT L 04337				63		经验证的 经股份			
	•				84	City	F		Code	
A P. S. D. Poplar B. Services					Ш		poration submits this statement for the purpose tion's board of directors. I hereby accept the app	of changing its	s registered	
11. Pursuant t	o the provisions of	Sections 607.0502	l and 607.1508, Florida St If Florida, Such ckange wa	atutes, the a	bove by by	e-named corporati	poration submits this statement for the purpose tion's board of directors. I hereby accept the app	ointment as r	egistered	
Sto/agent. Lan	familiar with, and	accepy the obligati	ons of, Section 607.0505,	Florida Stat	utes.	1 14	1/10	1/06	2	
SIGNATURE	Here	1 Kell	<i>~~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~</i>	1 // 62		• • • • • • • • • • • • • • • • • • • •		///		
SIGNATURE	Signature, typed or printed					t signature requir	fed when reinstating) DATE	· /	ODO IN 43	
12.		OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS			
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NAME	KEIM, MARY HE	LEN		1.2 N	AME	İ				
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4. 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

1/18/99 1-

/-56/-2878693 Daytime Phone #

V-V-CODCOO