Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90156 044 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **K50540**

1. Corporation Name

MAKO LADY ENTERPRISES, INC.

							<u> </u>	
Principal Place	e of Business	Mailing A			. —		\	2-2 - 2
4408 MADISON ST 4408 MADISON ST								
HOLLYWOOD FL 33021 / HOLLYWOOD F US US			OD FL 33021			DO NOT WRITE IN THIS SPACE		
•••						3. Date Incorporated or Qualifed		
						12/12/1988		
Principal Place of Business 2a. Mailing Address			g Address			4. FEI Number		Applied For
21		26				65-0116873		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired Security Securi		
27								
City & State	e ·	— ·	City & State			6. Election Campaign Financing		May Be
23		28 Zin		Coun	tnı	Trust Fund Contribution		d to rees
Zip	Country	Zip	<u></u>	_	a y	 This corporation owes the current y Personal Property Tax. 	vear intangible Y es	□No
24	9. Name and Address of Curre			<u>Մ</u>		10. Name and Address of New Regis	<u> </u>	
	2. Haine and Address of Colle	registered r	-9-110		B1 Name			
GER	SHBEIN, JERRY			Ļ		(200 200 200 200 200 200 200 200 200 200		
4408 MADISON ST					82 Street Address (P.O. Box Number is Not Acceptable)			
HOL	LYWOOD FL 33021-4632	.*			B3	• •	• •	
	•			٠ [15-1 5	
			_		B4 City	·	FL 85 Zi	ip Code
12.		ND DIRECTOR	s	13.	gent signature require	ADDITIONS/CHANGES TO OFFICE		
TITLE	PD ·	TO DIRECTOR	DELETE	1.1 TITE	Ē l		☐ Chang	
NAME	GERSHBEIN, JERRY	1.2 N		1.2 NA	1E			
STREET ADDRESS	4408 MADISON ST.			1.3 STF	EET ADDRÉSS			
CITY-ST-ZIP	HOLLYWOOD FL	00D FL 1.40			/-ST-ZIP			
TITLE	STD	☐ DELETE		2.1 TITE	E		☐ Chang	je 🗌 Addition
NAME	GERSHBEIN, SALLY			2.2 NA	4E			
STREET ADDRESS	4408 MADISON ST.			2.3 STF	EET ADDRESS			
CITY-ST-ZIP	. HOLLYWOOD FL		<u> </u>		Y-ST-ZIP			
TITLE			☐ DELETE	3.1 TM			Chang	ge 🗌 Addition
NAME				3.2 NA	, , ,			
STREET ADDRESS				3.3 STF	EET ADDRESS			
CITY-ST-ZIP			☐ DELETE	•	Y-ST-ZIP		☐ Chang	e Addition
TITLE			□ DECE 1E	4.1 T/TI			Ц опап	ja
NAME				4. 2 NA				
STREET ADDRESS	•			1	EET ADDRESS			
CITY-ST-ZIP		w	☐ DELETE	4.4 CIT	Y-ST-ZIP		[Chang	ge Addition
TITLE			beer,e	5.2 NA	I .	•		, _
NAME STREET ADDRESS				•	EET ADDRESS			
CITY-ST-ZIP	5 ,				/-ST-ZIP	•		
TITLE			DELETE	6.1 TITS		:	Chang	ge Addition
NAME				6.2 NAJ	Æ _	·	•	

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 changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

СЛY-ST-ZIP

iired