FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K75723** **(2)**

1. Corporation Name

MWK CONSULTING, INC.

Principal Place of Business	Mailing Address
1917 HILL DRIVE **PALM HARBOR FL 34683**	**1917 HILL DRIVE** **PALM HARBOR FL 34683**

3. Date Incorporated or Qualified: **03/24/1989**

3a. Date of Last Report: **04/24/1995**

4. FEI Number: **59-2192517** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

KONOMOS, MICHAEL
1917 HILL DRIVE
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 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 or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KONOMOS, MICHAEL W.		1.2 NAME		
STREET ADDRESS	1917 HILL DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	KONOMOS, WILLIAM M.		2.2 NAME	KONOMOS WILLIAM M.	
STREET ADDRESS	1917 HILL DR.		2.3 STREET ADDRESS	1917 HILL DR.	
CITY-ST-ZIP	PALM HARBOR FL		2.4 CITY-ST-ZIP	PALM HARBOR, FL.	
TITLE	VSD	☐ DELETE	3.1 TITLE	P/S/D	☒ Change ☐ Addition
NAME	KONOMOS, GEORGIA P.		3.2 NAME	KONOMOS GEORGIA P.	
STREET ADDRESS	1917 HILL DR.		3.3 STREET ADDRESS	1917 HILL DR.	
CITY-ST-ZIP	PALM HARBOR FL		3.4 CITY-ST-ZIP	PALM HARBOR, FL.	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KONOMOS, VIRGINIA E.		4.2 NAME		
STREET ADDRESS	1917 HILL DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	V/D	☐ Change ☒ Addition
NAME			5.2 NAME	DEAN KONOMOS	
STREET ADDRESS			5.3 STREET ADDRESS	664 BERRYWOOD WAY	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	PALM HARBOR, FL.	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemptions 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 added to the report, or on an attachment with an address.

SIGNATURE: Georgia Konomos 4/10/96 (813) 784-4600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

GEORGIA KONOMOS President