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Apr 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

**1917 HILL DRIVE
PALM HARBOR FL 34683**

Mailing Address

**1917 HILL DRIVE
PALM HARBOR FL 34683-6622**



3. Date Incorporated or Qualified

03/24/1989

3a. Date of Last Report

04/15/1996

2. Principal Place of Business

21

Suite, Apt #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt #, etc.

27

City & State

28

Zip

Country

29

30

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

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:

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KONOMOS, MICHAEL W.	
STREET ADDRESS	1917 HILL DRIVE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KONOMOS, WILLIAM M.	
STREET ADDRESS	1917 HILL DR.	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	PSD	<input type="checkbox"/> DELETE
NAME	KONOMOS, GEORGIA P.	
STREET ADDRESS	1917 HILL DR.	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KONOMOS, VIRGINIA E.	
STREET ADDRESS	1917 HILL DR.	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DEAN KONOMOS	
STREET ADDRESS	664 BERRYWOOD WAY	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	HELEN Munneryn	<input type="checkbox"/> DELETE
NAME	2400 WINDING CREEK BLVD	
STREET ADDRESS	BLDG 10 UNIT 101	
CITY-ST-ZIP	CLEARWATER FL.	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Secretary + Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	DIRECTOR + TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	President + Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	HELEN Munneryn
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: **Georgia Konomos** **SECRETARY** **4-2-97** **813-784-4600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)