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1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K75723

1. Corporation Name

MWK CONSULTING, INC.

	Moerina, mo									
Principal Place	e of Business	Mailing Address				[188101(Sm 1880) Smil (2010 (1808 (m) R			1817 #1811 1881	
1917 HILL DRIV	É	1917 HILL DRIVE			1					
PALM HARBOR FL 34683 PALM HARBOR FL 34683							DO NOT MIDITE IN T	11 6 6 0 4	CE.	
						-	DO NOT WRITE IN T	H 5 5PA	<u> </u>	
							03/24/1989			
B Dain air - D	I / Dunings	2a. Mailing Address					V3/24/1303 FEI Number		Δn	plied For
⊢ `	lace of Business	— ·			59-2192517			Not Applicable		
Suite, Apt.	# oto	Suite, Apt. #, etc.					39 2 1923 11	\$1		udditional
22		27			5. Certificate of Status Desired			Fee Recuired		
City & S ate		City & State				6	Election Campaign Financing	5	5.00	Mav Be
23	-	28				0.	Trust Fund Contribution		Added t	
Zip	Country	Zip	Count	try		8.	This corporation owes the current year	r Intangib	le	
24	25	29	30				Personal Property Tax.	ŪΥ		∐No _
	9. Name and Address of Curren					10.	Name and Address of New Registe	red Agen	t	
			8	31 N	ame					
	OMOS, MICHAEL		ļ <u>s</u>	32 S	treet Addre	ess /P	.O. Box Number is Not Acceptable)			
	' HILL DRIVE		1	,2	() Cot Flour	,, 660		_		
) PALN	M HARBOR FL 34683		8	33						
			-	34 C				85	Zip C	
			`	-	ity		i	$FL\mid ``$		
office or re	to the provisions of Sections 607,050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such chance was a	authorized b	ov the	med corpo corporatio	oration on's bo	n submits this statement for the purpos pard of cirectors. I hereby accept the a	e of chan ppointmer	ging its it as req	negistered gistered
	TIT TAITING THE TAIL AND ACCOPT STE OBINGS	and of cooler out to								
SIGNATURE	Signature, typed or printed naine of registered ager	nt and title if applicable (NOT	:: Registered A	gent sig	nature required					
12.	OFFICERS AN	C DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICERS		···-	
TITLE	D	☐ DELETE	1.1 TITLE	E					Change	☐ Addition
NAME	KONOMOS, MICHAEL W.		1.2 NAM	E						
STREET ADDRE 3S	1917 HILL DRIVE		1.3 STRI	EET ADI	RESS					
CITY-ST-ZIP	PALM HARBOR FL.		1.4 CITY	-ST-ZIF						
TITLE	D	☐ DELETE	2.1 1111.1	2.1 TITLE				Ĺ,	Change	☐ Addition
NAME	KONOMOS, WILLIAM M.		2.2 NAM	ŧΕ						
STREET ADDRESS	1917 HILL DR.		2.3 STR	EET ADO	RESS					
CITY-ST-ZIP	PALM HARBOR FL		2.4 CITY	Y-ST-ZI						
TITLE	SD	☐ DELETE	3.1 TITLE	3.1 TITLE				П	Change	☐ Addition
NAME	KONOMOS, GEORGIA P.		3 2 NAM	32 NAME						
STREET ADDRE ;S	1917 HILL DR.		3.3 STR	EETADI	RESS					
CITY-ST-ZIP	PALM HARBOR FL			3.4. CITY-ST-ZIP						F75 4 1 197
TITLE	DT	☐ DELETE	4.1 TITE	4.1 TITLE				□,	Change	Addition Addition
NAME	KONOMOS, VIRGINIA E.		4. 2 NAA	4. 2 NAME						
STREET ADDRESS	1917 HILL DR.		4.3 STRI	4.3 STREET ADOR						
CITY-ST-ZIP	PALM HARBOR FL.		4.4 CITY						<u> </u>	["] # 4 PF
TITLE	PD	☐ DELETE		5.1 TITLE				□'	Change	Addition
NAME	DEAN KONOMOS		5.2 NAM							
STREET ADDRESS	664 BERRYWOOD WAY		53 STRE							
CITY-ST-ZIP	PALM HARBOR FL		5.4 CITY		<u>'</u>				Ob	
TITLE	D	☐ DELETE	6.1 TITL						Change	☐ Addition
NAME	Muhnerlyn, Helen		6.2 NAM							
STREET ADDRESS	2400 WINDING CREEK BLVD		6.3 STRI	EETAD	RESS					

CITY-ST-ZIP

CLEARWATER FL

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 a 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 attach nent with an address, with a little empowered. 721-784-4600

SIGNATURE:

CR2E034 (11/98)