COR ANNU	PROFIT PORATION JAL REPORT 1996			Sandra B Secretar	ITMENT OF STATE: i. Mortham y of State CORPORATIONS			
OCUN Corporation	MENT #	L14075	5	(0)				
M.K.O.	, INC.					I HORIDII ODI WAKI DIGUI OGGIL IGAI	ET ESP) ATOTT BLOTT BLOTT OLDE	. .
icipal Place	of Business		Mailing Add	dress				
4483 S.W. 64TH AVENUE C/O IDA E. BRAMFORD DAVIE FL 33314 US		4483 S.W. 64TH AVENUE C/O IDA E. BRAMFORD DAVIE FL 33314			9. Data Incorporated as C. william	In Day William		
· · · · · · · · · · · · · · · · · · ·			US			3. Date Incorporated or Qualified 09/05/1989	3a. Date of Last Re 04/20/199	•
Principal Pla	ace of Business		2a. Mailing	Address		4. FEt Number 65-0140752		Applied For
Suite, Apt. #	, etc	······································		γρt. #, etc.		5. Certificate of Status Desired	\$8.75	Not Applicat Additional
City & State			27 City & S	State		Serving to Grant Status Desired Serving to Grant Status D		Required
			28	····		Trust Fund Contribution		May Be to Fees
₹ip	25	untry	Zip 29	-	Country	8. This corporation has liability for Florida Statutes	intangible tax under s	199.032,
	g. Name and Ac	dress of Current I	Registered Ag					
4483 S.N DAVIE FI Pursuant to or registere	the provisions of Sed agent, or both, in	ections 607.0502 a the State of Florida	. Such change	Florida Statutes, was authorized	83 84 City	10. Name and Address of New F ress (P.O. Box Number is Not Acceptable ration submits this statement for the pur rd of directors. I hereby accept the app	FL 85 Zip	o Code egistered of agent, I arr
A483 S.V. DAVIE Fl	W. 64TH AVENUE L 33314	ections 607,0502 at the State of Florida. oligations of, Section are of registered agent as	n 607.0505, Flo	Florida Statutes, was authorized orida Statutes.	82 Street Add 83 84 City	ress (P.Ö. Box Number is Not Acceptable and Properties of the pure ration submits this statement for the pure of directors. I hereby accept the appared of directors.	FL 85 Zip	
Pursuant to or registere familiar with	M. 64TH AVENUE L 33314 to the provisions of Stat agent, or both, in the and accept the ob-	ections 607.0502 a the State of Florida oligations of, Section	d tille if applicable.	Florida Statutes, was authorized orida Statutes.	82 Street Add 83 84 City the above-named corporation's boa	ress (P.Ö. Box Number is Not Acceptable and Properties of the pure ration submits this statement for the pure of directors. I hereby accept the appared of directors.	FL 85 Zip rpose of changing its re contract as registered DATE ICERS AND DIRECTOR	egistered of agent. I am RS IN 12
Pursuant to or registere familiar with VATURE	the provisions of S ad agent, or both, in and accept the observation, and accept the observation, and accept the observation by BAMFORD, ID.	ections 607,0502 at the State of Florida. oligations of, Section are of registered agent and OFFICERS AND I	d tille if applicable.	Florida Statutes, was authorized orida Statutes. (NOTE	82 Street Add 83 84 City The above-named corpor by the corporation's boa Registered Against signature require 13.	ress (P.O. Box Number is Not Acceptable and the pure ration submits this statement for the pure roll of directors. I hereby accept the appearance when reinstating:	FL 85 Zip rpose of changing its re ointment as registered	egistered of agent. I am
Pursuant to or registere familiar with NATURE _s	M. 64TH AVENUE L 33314 to the provisions of S ad agent, or both, in n, and accept the of signature, bried or printed or PVD BAMFORD, ID. 5300 SW 89TI	ections 607,0502 at the State of Florida, bligations of, Section arre of registered agent and OFFICERS AND I A E. H AVENUE	d tille if applicable.	Florida Statutes, was authorized orida Statutes. (NOTE	82 Street Add 83 84 City the above-named corpor by the corporation's boa Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ress (P.O. Box Number is Not Acceptable and the pure ration submits this statement for the pure roll of directors. I hereby accept the appearance when reinstating:	FL 85 Zip rpose of changing its re contract as registered DATE ICERS AND DIRECTOR	egistered of agent. I am
4483 S.V. DAVIE FI	the provisions of State agent, or both, in and accept the other provisions of State agent, or both, in and accept the other provisions of State agent, or both, in and accept the other provisions of State agent, or both provisions of State agent, or both, in the provisions of State agent, or both provisions of State agent, and the provision agent agent, and the provision agent agent agent, and the provision agent ag	ections 607,0502 at the State of Florida, bligations of, Section are of registered agent are OFFIGERS AND I A E. I AVENUE	o 607.0505, Fio	Florida Statutes, was authorized orida Statutes. (NOTE	82 Street Add 83 84 City the above-named corpor by the corporation's boa Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 City-St-ZiP 2.1 TITLE	ress (P.O. Box Number is Not Acceptable and the pure ration submits this statement for the pure roll of directors. I hereby accept the appearance when reinstating:	FL 85 Zip rpose of changing its re contract as registered DATE ICERS AND DIRECTOR	egistered of agent. I an RS IN 12
Pursuant to or registers armiliar with IATURE _ S	of the provisions of State agent, or both, in and accept the of PVD BAMFORD, ID. 5300 SW 89TI COOPER CITY ST BAMFORD, ID.	ections 607.0502 at the State of Florida, oligations of, Section are of registered agent ex OFFICERS AND I A E. I AVENUE	o 607.0505, Fio	Florida Statutes, was authorized orida Statutes. (NOTE	82 Street Add 83 84 City the above-named corpor by the corporation's boa Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ress (P.O. Box Number is Not Acceptable and the pure ration submits this statement for the pure roll of directors. I hereby accept the appearance when reinstating:	FL 85 Zip rpose of changing its re ointment as registered DATE ICERS AND DIRECTOR Change	egistered of agent. I an RS IN 12
Pursuant to or registere familiar with NATURE ADDRESS ST-ZIP TADDRESS	the provisions of State agent, or both, in and accept the other provisions of State agent, or both, in and accept the other provisions of State agent, or both, in and accept the other provisions of State agent, or both provisions of State agent, or both, in the provisions of State agent, or both provisions of State agent, and the provision agent agent, and the provision agent agent agent, and the provision agent ag	ections 607.0502 at the State of Florida. oligations of, Section arre of registered agent ax OFFICERS AND I A E. H AVENUE FL	o 607.0505, Fio	Florida Statutes, was authorized orida Statutes. (NOTE DELETE	82 Street Add 83 84 City the above-named corpor by the corporation's boal Registered Agent signature require 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 City-S1-ZiP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 City-S1-ZiP	ress (P.O. Box Number is Not Acceptable and the pure ration submits this statement for the pure roll of directors. I hereby accept the appearance when reinstating:	FL 85 Zip rpose of changing its re ointment as registered DATE ICERS AND DIRECTOR Change	egistered of agent. I an RS IN 12
Pursuant to or registere familiar with IATURE ADDRESS S1-ZIP	of the provisions of State agent, or both, in and accept the of PVD BAMFORD, ID. 5300 SW 89TI COOPER CITY ST BAMFORD, ID. 5300 SW 89TI STOO SW 89TI	ections 607.0502 at the State of Florida. oligations of, Section arre of registered agent ax OFFICERS AND I A E. H AVENUE FL	o 607.0505, Fio	Florida Statutes, was authorized orida Statutes. (NOTE	82 Street Add 83 84 City the above-named corpor by the corporation's boa 13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ress (P.O. Box Number is Not Acceptable and the pure ration submits this statement for the pure roll of directors. I hereby accept the appearance when reinstating:	FL 85 Zip rpose of changing its re ointment as registered DATE ICERS AND DIRECTOR Change	egistered of agent. I an RS IN 12
Pursuant to or registere familiar with NATURE	of the provisions of State agent, or both, in and accept the of PVD BAMFORD, ID. 5300 SW 89TI COOPER CITY ST BAMFORD, ID. 5300 SW 89TI STOO SW 89TI	ections 607.0502 at the State of Florida. oligations of, Section arre of registered agent ax OFFICERS AND I A E. H AVENUE FL	o 607.0505, Fio	Florida Statutes, was authorized orida Statutes. (NOTE DELETE	82 Street Add 83 84 City The above-named corporation's boa Registered Agent signature require 13. 1.1 Tiffle 12 NAME 1.3 STREET ADDRESS 1.4 City-ST-ZiP 2.1 Tiffle 2.2 NAME 2.3 STREET ADDRESS 2.4 City-ST-ZiP 3.1 Tiffle 3.2 NAME 3.3 STREET ADDRESS	ress (P.O. Box Number is Not Acceptable and the pure ration submits this statement for the pure roll of directors. I hereby accept the appearance when reinstating:	FL 85 Zip rpose of changing its re ointment as registered DATE ICERS AND DIRECTOR Change	egistered of agent. I an RS IN 12
Pursuant to or registere familiar with NATURE	of the provisions of State agent, or both, in and accept the of PVD BAMFORD, ID. 5300 SW 89TI COOPER CITY ST BAMFORD, ID. 5300 SW 89TI STOO SW 89TI	ections 607.0502 at the State of Florida. oligations of, Section arre of registered agent ax OFFICERS AND I A E. H AVENUE FL	o fille if application	Florida Statutes, was authorized orida Statutes. (NOTE DELETE	82 Street Add 83 84 City The above-named corpor by the corporation's boa 13. 1 Title 12 NAME 1.3 STREET ADDRESS 1.4 City-ST-ZiP 2.1 Title 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZiP 3.1 Title 3.2 NAME	ress (P.O. Box Number is Not Acceptable and the pure ration submits this statement for the pure roll of directors. I hereby accept the appearance when reinstating:	FL 85 Zip rpose of changing its re ointment as registered DATE ICERS AND DIRECTOR Change	egistered of agent. I am RS IN 12 Additio
Pursuant to or registere familiar with NATURE - ST-ZIP I ADDRESS ST-ZIP I ADDRESS ST-ZIP I ADDRESS ST-ZIP	of the provisions of State agent, or both, in and accept the of PVD BAMFORD, ID. 5300 SW 89TI COOPER CITY ST BAMFORD, ID. 5300 SW 89TI STOO SW 89TI	ections 607.0502 at the State of Florida. oligations of, Section arre of registered agent ax OFFICERS AND I A E. H AVENUE FL	o fille if application	Florida Statutes, was authorized orida Statutes. (NOTE) DELETE	82 Street Add 83 84 City The above-named corporation's boa Registered Agent signature require 13. 1.1 Tiffle 12 NAME 1.3 STREET ADDRESS 1.4 City-ST-ZiP 2.1 Tiffle 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZiP 3.1 Tiffle 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZiP 4.1 Tiffle 4.2 NAME	ress (P.O. Box Number is Not Acceptable and the pure ration submits this statement for the pure roll of directors. I hereby accept the appearance when reinstating:	FL 85 Zip rpose of changing its re ointment as registered DATE ICERS AND DIRECTOR Change	egistered of agent. I am RS IN 12 Addition
Pursuant to registere amiliar with IATURE _ s ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP	of the provisions of State agent, or both, in and accept the of PVD BAMFORD, ID. 5300 SW 89TI COOPER CITY ST BAMFORD, ID. 5300 SW 89TI STOO SW 89TI	ections 607.0502 at the State of Florida. oligations of, Section arre of registered agent ax OFFICERS AND I A E. H AVENUE FL	o fille if application	Florida Statutes, was authorized orida Statutes. (NOTE) DELETE	82 Street Add 83 84 City The above-named corporation's boa Registered Agent signature require 13. 1.1 Tiffle 12 NAME 1.3 STREET ADDRESS 1.4 City-ST-ZiP 2.1 Tiffle 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZiP 3.1 Tiffle 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZiP 4.1 Tiffle	ress (P.O. Box Number is Not Acceptable and the pure ration submits this statement for the pure roll of directors. I hereby accept the appearance when reinstating:	FL 85 Zip rpose of changing its re ointment as registered DATE ICERS AND DIRECTOR Change	egistered o agent. I an RS IN 12 Addition
Pursuant to or registere familiar with NATURE	of the provisions of State agent, or both, in and accept the of PVD BAMFORD, ID. 5300 SW 89TI COOPER CITY ST BAMFORD, ID. 5300 SW 89TI STOO SW 89TI	ections 607.0502 at the State of Florida. oligations of, Section arre of registered agent ax OFFICERS AND I A E. H AVENUE FL	o fille if application	Florida Statutes, was authorized orida Statutes. (NOTE) DELETE	82 Street Add 83 84 City The above-named corporation's boa Registered Agent signature require 13. 1.1 Title 12 NAME 1.3 STREET ADDRESS 1.4 DITY-ST-ZIP 2 1 Title 2 2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 Title 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4 1 TITLE 42 NAME 4.9 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	ress (P.O. Box Number is Not Acceptable and the pure ration submits this statement for the pure roll of directors. I hereby accept the appearance when reinstating:	FL 85 Zip rpose of changing its re ointment as registered DATE ICERS AND DIRECTOR Change	egistered of agent. I am RS IN 12 Addition Addition
Pursuant to or registere familiar with NATURE _s T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	of the provisions of State agent, or both, in and accept the of PVD BAMFORD, ID. 5300 SW 89TI COOPER CITY ST BAMFORD, ID. 5300 SW 89TI STOO SW 89TI	ections 607.0502 at the State of Florida. oligations of, Section arre of registered agent ax OFFICERS AND I A E. H AVENUE FL	o fille if application	Florida Statutes, was authorized orida Statutes. (NOTE: DELETE DELETE	82 Street Add 83 84 City The above-named corporation's boa Registered Agent signature require 13. 1.1 Tiffle 12 NAME 13 STREET ADDRESS 1.4 DITY-ST-ZIP 2 1 Tiffle 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 Tiffle 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4 1 Tiffle 42 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4 1 Tiffle 42 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	ress (P.O. Box Number is Not Acceptable and the pure ration submits this statement for the pure roll of directors. I hereby accept the appearance when reinstating:	FL 85 Zip rpose of changing its re- cointment as registered DATE ICERS AND DIRECTOR Change Change	egistered of agent. I am RS IN 12 Additio
Pursuant to or registere familiar with NATURE _s T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	of the provisions of State agent, or both, in and accept the of PVD BAMFORD, ID. 5300 SW 89TI COOPER CITY ST BAMFORD, ID. 5300 SW 89TI STOO SW 89TI	ections 607.0502 at the State of Florida. oligations of, Section arre of registered agent ax OFFICERS AND I A E. H AVENUE FL	o fillo if applicacio. DIRECTORS	Florida Statutes, was authorized orda Statutes. (NOTE: DELETE DELETE DELETE	82 Street Add 83 84 City The above-named corporation's boa Registered Agent signature require 13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 City-St-Zip 2.1 Title 2.2 NAME 2.3 STREET ADDRESS 2.4 City-St-Zip 3.1 Title 3.2 NAME 3.3 STREET ADDRESS 3.4 City-St-Zip 4.1 Title 4.2 NAME 4.3 STREET ADDRESS 4.4 City-St-Zip 5.1 Title 5.2 NAME 5.3 STREET ADDRESS 5.4 City-St-Zip 5.1 Title 5.2 NAME 5.3 STREET ADDRESS 5.4 City-St-Zip 5.1 Title 5.3 STREET ADDRESS 5.4 City-St-Zip 5.3 STREET ADDRESS 5.4 City-St-Zip	ress (P.O. Box Number is Not Acceptable and the pure ration submits this statement for the pure roll of directors. I hereby accept the appearance when reinstating:	FL 85 Zip rpose of changing its re cintment as registered DATE ICERS AND DIRECTOF Change Change Change	egistered of agent. I am RS IN 12 Addition Addition Addition
Pursuant to or registere familiar with	of the provisions of State agent, or both, in and accept the of PVD BAMFORD, ID. 5300 SW 89TI COOPER CITY ST BAMFORD, ID. 5300 SW 89TI STOO SW 89TI	ections 607.0502 at the State of Florida. oligations of, Section arre of registered agent ax OFFICERS AND I A E. H AVENUE FL	o fillo if applicacio. DIRECTORS	Florida Statutes, was authorized orida Statutes. (NOTE: DELETE DELETE	82 Street Add 83 84 City The above-named corporation is boated to be a corporation in the corporation in	ress (P.O. Box Number is Not Acceptable and the pure ration submits this statement for the pure roll of directors. I hereby accept the appearance when reinstating:	FL 85 Zip rpose of changing its re- cointment as registered DATE ICERS AND DIRECTOR Change Change	egistered of agent. I am
Pursuant to or registere familiar with NATURE _s T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	of the provisions of State agent, or both, in and accept the of PVD BAMFORD, ID. 5300 SW 89TI COOPER CITY ST BAMFORD, ID. 5300 SW 89TI STOO SW 89TI	ections 607.0502 at the State of Florida. oligations of, Section arre of registered agent ax OFFICERS AND I A E. H AVENUE FL	o fillo if applicacio. DIRECTORS	Florida Statutes, was authorized orda Statutes. (NOTE: DELETE DELETE DELETE	82 Street Add 83 84 City The above-named corporation's boa Registered Again signature require 13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 City-SI-Zip 2.1 Title 2.2 NAME 2.3 STREET ADDRESS 2.4 City-SI-Zip 3.1 Title 3.2 NAME 3.3 STREET ADDRESS 3.4 City-SI-Zip 4.1 Title 4.2 NAME 4.3 STREET ADDRESS 3.4 City-SI-Zip 5.1 Title 5.2 NAME 5.3 STREET ADDRESS 5.4 City-SI-Zip 6.1 Title 6.	ress (P.O. Box Number is Not Acceptable and the pure ration submits this statement for the pure roll of directors. I hereby accept the appearance when reinstating:	FL 85 Zip rpose of changing its re cintment as registered DATE ICERS AND DIRECTOF Change Change Change	egistered of agent. I am RS IN 12 Addition Addition Addition