TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1**9**98 DOCUMENT # P07560 MHK CORP. Principal Place of Business Mailing Address 902 N. DIXIE HWY. % WENDT BRISTOL CO LANTANA FL 33462 TWO NATIONWIDE PLAZA. STE 760 COLUMBUS OH 43215 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/27/1985 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 31-1140419 21 Suite, Apt. #, etc. Suite, Apt. #, etc \$8,75 Additional 6. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 KANTOR, HAROLD T. 3546 S OCEAN BLVD Street Address (P.O. Box Number is Not Acceptable) #817 PALM BEACH FL 33480 83 City 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statules, 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 a copt the state of Florida Statutes. 12. NO DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE KANTOR, MARVIN D. NAME 12 NAME 1000 URLIN AVENUE STREET ADDRESS 1.3 STREET ADDRESS COLUMBUS OH CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE 2.1 TITLE KANTOR, HAROLD T. 2.2 NAME 3546 S OCEAN BLVD #817 STREET ADDRESS 2.3 STREET ADDRESS PALM BEACH FL CITY-ST-ZIP 2 4 CiTY-ST-ZIP DELETE 3 1 111LE Change GOLD, SHELDON A. NAME 32 NAME 6321 DEESIDE DR STREET ADORESS 3.3 STREET ADDRESS **DUBLIN OH** CITY-\$T-ZIP 3.4. CITY - ST-ZIP DELETE Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREE1 ADDRESS CITY-ST-2IP 4.4 CITY-ST-ZIP DELETE Change

FILED May 12 1998 8:00am Secretary of State



Applied For

□ No

Zip Code

Addition

Addition

Addition

____ Addition

Addition

Addition

Change

Not Applicable

CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 fursities empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, gu on an attachment with an address.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-7IP