FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9200006619 (0)

FILED Mar 05 1998 8:00am Secretary of State

MKE'S	S BARBER SHOP, INC.	(0	,					
Principal Plac	e of Business	Mailing Address			-{		AND BUILD BUILD H	
1301-86 S. PATRICK DRIVE 1301-86 S. PATRICK DRIV SATELLITE BEACH FL 32937 SATELLITE BEACH FL 32					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified			
					11/19/1992			
2. Principal P	ncipal Place of Business 2a. Mailing Address				4. FEI Number		Ar	oplied For
21	,				59-3150570		- + ·	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					1			Additional
27					5. Certificate of Status Desired			equired
City & Stat	ө	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution		Added 1	
Zip	Zip Country Zip			у	8. This corporation owes or has p	aid the cu	irrent year Int	angible
24	25				Personal Property Tax due June 30. 🔐 Yes 🔲 No			
	9. Name and Address of Currer	nt Registered Agent		·	10. Name and Address of New Ro	gistered	Agent	
FINLEY, MIKE				Name				
332 SO. POINT COURT			82	Street Addre	ess (P.O. Box Number is Not Accepta	hle)		
Satellite Beach FL 32937					as (Fig. 20) is the field of the	5.0)		
VIII			83					
			24				" Table 1	
			84	City		FL	85 Zip (Code
11. Pursuant office or r agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig-	2 and 607, 1508, Florida Statu of Florida. Such change was ations of, Section 607,05 0 5, F	ites, the abov authorized b lorida Statute	e-named corpo y the corporations.	oration submits this statement for the on's board of directors. I hereby acce	ourpose o	of changing its pointment as	s registered registered
SIGNATURE	Signature, typed or printed name of registered ago	ont and tille if applicable (NO	TF: Registered Age	ent signature require	d when reinetation)	DATE		
12.	OFFICERS AN		13.	en alginatore require	ADDITIONS/CHANGES TO OFFI		D DIRECTOR	S IN 12
TITLE			1.1 TITLE		, 1001110/01 II W 1020 10 07 11	<u> </u>	Change	Addition
NAME	FINLEY, MICHAEL		1.2 NAME		•		•	·
STREET ADORESS	STREET ADDRESS 332 SOUTH POINT COURT		1.3 STREET	ADDRESS				
CITY-ST-ZIP SATELLITE BEACH FL 32937		,	1.4 CITY-ST-ZIP					ļ
TITLE		DELETE	2.1 TITLE				Change	Addition
NAME		_	2.2 NAME					_
STREET ADDRESS			2.3 STREET	ADDRESS				
CITY-SI-ZIP			2. 4 CITY-ST-ZIP					
THLE		DELETE	3.1 TITLE	31-211			Change	Addition
NAME		-	3.2 NAME				_ •	_
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4. CITY-					į
TITLE			4.1 TITLE	51+ZIF			Change	☐ Addition
NAME			4. 2 NAME	ŀ			ondingo	
STREET ADDRESS								İ
			4.3 STREET					1
CITY-ST-ZIP TITLE			4.4 CITY - S	51 - ZIP			Change	Addition
	☐ DELETE		5.1 TITLE					
NAME CTRCCT ADDRESS			5.2 NAME	ADDOCCO				
	TREET ADDRESS		5.3 STREET					
CITY-ST-ZIP		DELETE	5.4 CITY~S	I-ZIP			Change	Addition
TITLE		רין מנונוג	6.1 TITLE				∟ change	☐ Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET					
CITY-ST-ZIP			6.4 CITY - S	T-ZIP				

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 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.

Media Mr.

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