

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

FILED  
May 04 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000027509 (7)

1. Corporation Name  
M & K, INCORPORATED

Principal Place of Business

7030 NW 106 AVE.  
TAMARAC FL 33321

Mailing Address

7030 NW 106 AVE.  
TAMARAC FL 33321

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/14/1993

4. FEI Number

65-0402422

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 8861 NW 21st MANOR

Suite, Apt. #, etc.

22 City & State  
SUNRISE FL

23 Zip  
33322

24 Country  
BROWARD

2a. Mailing Address

26 8861 NW 21st MANOR

Suite, Apt. #, etc.

27 City & State  
SUNRISE FL

28 Zip  
33322

29 Country  
BROWARD

9. Name and Address of Current Registered Agent

ZIOCHNOLFI, RALPH  
7030 NW 106 AVE  
TAMARAC FL 33321

10. Name and Address of New Registered Agent

81 Name

CARDASSI, ARTHUR

82 Street Address (P.O. Box Number is Not Acceptable)

8861 NW 21st MANOR

83

84 City

SUNRISE

FL

85 Zip Code  
33322

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  
NAME ZIOCHNOLFI, RALPH  
STREET ADDRESS 7030 NW 106 AVE  
CITY-ST-ZIP TAMARAC FL 33321

☒ DELETE

TITLE D  
NAME CARDASSI, ARTHUR  
STREET ADDRESS 8861 NW 21ST MANOR  
CITY-ST-ZIP SUNRISE FL 33322

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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.

SIGNATURE:

ARTHUR CARDASSI 4/23/98 1-954 741-6528

CR2E034 (10/97)