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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris 🛀

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # 19300040110

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Daytime Phone #

. Corporation Name	7 0// 6					
MAKNAN, INC						
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incipal Place of Business	Mailing Address					
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2381 SE FEDERAL HU STUART, FL 34994	23813	- 61	24994 24994	DO NOT WRI	TE IN THIS SPACE	
STUART, FL 34994	STUHE	,, ,, ,,	- 59994	Date Incorporated or Qualifed	12 117 77110 01 77102	
, ,				06/04/93		
Principal Place of Business	2a. Mailing Address			4. FEI Number		Applied For
	26			65-04/1966		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc,			5. Certifcate of Status Desired	1 1	Additional
City & State	City & State					Required
ony a state	28			6. Election Campaign Financing Trust Fund Contribution	1.20	0 May Be d to Fees
Zip Country	Zip	Coun	ntry	This corporation owes the current	 -	
25	29	30		Personal Property Tax.	☐Yes	□No
9. Name and Address of Current	t Registered Agent			10. Name and Address of New R	legistered Agent	
DILL INCLINAL T		{	81 Name			
RUL MICHAEL J 8961 SW PITTS CT STUART, FL 34997		1	82 Street Addre	ss (P.O. Box Number is Not Accepta	ble)	
8001 200 Eille CI		ļ.	83			
STUART, FL 34991/		ľ				
. 1		[8	84 City		FL 85 Zi	p Code
. Pursuant to the provisions of Sections 607.0502	2 and 607.1508. Florida Stati	utes, the abo	ove-named corpo	ration submits this statement for the	!	its registered
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation	of Florida. Such change was	authorized t	by the corporation	n's board of directors. I hereby accep	t the appointment as	registered
-	10113 01, 36611011 007.0303, 1	onda Statut	ics.			
Signature, typed or printed name of registered agent	and title if applicable. (NO	E: Registered A	Agent signature required	when reinstating)	DATE	
Signature, typed or printed name of registered agent	D DIRECTORS	E: Registered A	Agent signature required	when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND DIREC	
Signature, typed or printed name of registered agent Proof Printer Street Stre	D DIRECTORS	13. 1.1 TITU	.e			
Signature, typed or printed name of registered agent Provide: PFICERS ANI E KRUL MICHAEL 16 8761 5W PITTS	D DIRECTORS T. DELETE	13. 1.1 TITL 1.2 NAM	.E ME		ICERS AND DIREC	
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