CORF ANNU	PROFIT PORATION AL REPORT 1996	s s	DEPARTMENT OF STATE andra B. Mortham Secretary of State DN OF CORPORATIONS			
. corporation	MENT # <b>P930</b> M.K.O. 2, INC.	00062989				
rincipal Place	of Pursingero	Mailing Address				
1211 N NEBR	ASKA AVE	11211 N NEBRAS				
TAMPA FL 336	12	TAMPA FL 33612		3. Date incorporated or Qualifie		e of Last Report
Principal Pla	ace of Business	2a, Mailing Addres		09/03/1993 4. FEI Number		5/13/1995 Applied Fi
]		26		59-3198880		Not Applie
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, e	etc.	5. Certificate of Status Desired	X	\$8.75 Addition Fee Required
City & State	· · · · · · · · · · · · · · · ·	27 City & State		6. Election Campaign Financing	 9	\$5.00 May B
	·	28		Trust Fund Contribution		Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability Florida Statutes	for intangible t Yes II No	ax under s 199.032
	25 9. Name and Address of C	29 urrent Registered Agent	30	10. Name and Address of Ne		Agent
olsen, k 16109 da Lutz fl :	vrnell RD 33549		<b>B3</b> <b>B4</b> City		Fi	85 Zip Code
16109 DA LUTZ FL	33549	f Florida. Such change was a	Statutes, the above-named corp uthorized by the corporation's br	poration submits this statement for the pard of directors. Thereby accept the	purpose of ch	anoing its registered
16109 DA LUTZ FL	<b>33549</b> to the provisions of Sections 607 ed agent, or both, in the State o th, and accept the obligations of	f Florida. Such change was a , Section 607.0505, Florida S	Statutes, the above-named corp uthorized by the corporation's br	pard of directors. I hereby accept the	purpose of ch appointment as DATE	anging its registered s registered agent 1
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SIGNATURE:	SIGNATURE AND TYPED OR PHINTED HAME OF SIGNING OFFICER OR DIRECTOR	
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
	KAREN OLSED	

4/10/96 813931-1010 Dayme Prove