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Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000079362 (8)

1. Corporation Name
MJK PROPERTIES, INC.



Principal Place of Business

Mailing Address

3710 CORPORATE PARK DR
SUITE 300
TAMPA FL 33619

3710 CORPORATE PARK DR
SUITE 300
TAMPA FL 33619

3. Date Incorporated or Qualified
11/17/1993

3a. Date of Last Report
02/26/1996

2. Principal Place of Business

2a. Mailing Address

21 10002 PRINCESS PALM AVE
Suite, Apt. #, etc.

26 10002 PRINCESS PALM AVE
Suite, Apt. #, etc.

22 SUITE 304

27 SUITE 304

23 TAMPA FL
City & State

28 TAMPA FL
City & State

24 33619 USA
Zip Country

29 33619 USA
Zip Country

4. FEI Number
59-3220147

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

81 Name
THOMAS D. HARRINGTON, JR.

82 Street Address (P.O. Box Number is Not Acceptable)
10002 PRINCESS PALM AVE

83 SUITE 304

84 City TAMPA FL 85 Zip Code 33619

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 607.0508, Florida Statutes.

SIGNATURE *Thomas D. Harrington, Jr.*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/9/97
Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME KLINGHOFFER, MELVIN
STREET ADDRESS 3710 CORPORATE PARK DR SUITE 300
CITY-ST-ZIP TAMPA FL 33619

1.1 TITLE ADIC ☒ Change ☐ Addition
1.2 NAME MEL KLINGHOFFER
1.3 STREET ADDRESS 4604 CLARKSDALE LANE
1.4 CITY-ST-ZIP BRANDEN FL 33511

TITLE P ☒ DELETE
NAME MOORE, MICHAEL M
STREET ADDRESS 3710 CORPOREX PARK DR STE 300
CITY-ST-ZIP TAMPA FL

2.1 TITLE S ☐ Change ☒ Addition
2.2 NAME ANA BEDRAN
2.3 STREET ADDRESS 10002 PRINCESS PALM AVE, SUITE 304
2.4 CITY-ST-ZIP TAMPA FL 33619

TITLE D ☒ DELETE
NAME DUPRE, IRVING
STREET ADDRESS 3710 CORPOREX PARK DR STE 300
CITY-ST-ZIP TAMPA FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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: *Melvin Klinghoffer* 4/9/97 (813) 623-5777
Signature and typed or printed name of signing officer or director
PRESIDENT
Date Daytime Phone #
0529735

CR2E034 (9/96)