

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 21 1996 8:00 am
Secretary of State

DOCUMENT # P93000081629 (6)

1. Corporation Name

M/K GLADES TWIN, INCORPORATED



Principal Place of Business

1601 FORUM PL
805
W PALM BCH FL 33401
US

Mailing Address

772 LAGOON DRIVE
NORTH PALM BEACH FL 33408

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 1601 Forum Place

27 Suite, Apt. #, etc.

27 Suite 805

28 City & State

28 West Palm Beach, FL

29 Zip

29 33401

30 Country

30 USA

3. Date Incorporated or Qualified

11/30/1993

3a. Date of Last Report

02/28/1995

4. FEI Number

65-0447751

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

MACKEY, WALTER J JR
772 LAGOON DRIVE
NORTH PALM BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 MACKEY, WALTER J JR
STREET ADDRESS 772 LAGOON DRIVE
CITY-ST-ZIP NORTH PALM BEACH FL 33408 ☐ DELETE

TITLE D
NAME KRUMM, WALTER T
STREET ADDRESS 4951 GULFSHORE BL - PH 301
CITY-ST-ZIP NAPLES FL ☐ 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 Director/President ☒ Change ☐ Addition
1.2 NAME Mackey, Walter J., Jr.
1.3 STREET ADDRESS 772 Lagoon Drive
1.4 CITY-ST-ZIP North Palm Beach, FL 33408

2.1 TITLE Director/Chairman ☒ Change ☐ Addition
2.2 NAME Krumm, Walter T.
2.3 STREET ADDRESS 4951 Gulfshore Blvd. N., PH301
2.4 CITY-ST-ZIP Naples, FL 33940-2685

3.1 TITLE Secretary/Treasurer ☐ Change ☒ Addition
3.2 NAME Williams, Edward S.
3.3 STREET ADDRESS 6080 Terra Rosa Circle
3.4 CITY-ST-ZIP Boynton Beach, FL 33437

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 600001788716
5.4 CITY-ST-ZIP -04/22/96--01046--006
***200.00

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/96

Date

407/684-8811

Daytime Phone #

CR2E034 (12/95)