SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. * AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000067487 (6)

M.J.M.K. VERO, INC.

141-0-141-17- 1	AEUO' IIAO'					
						'III 2010 (1111 1 20)
Principal Place of	Business	Mailing Address	·	·	{	OLE MANTE STURE FAMOU MINNE INTEL TANK 1881
1690 S. CONGRESS AVE. 1690 S. CONG			VIE			
SUITE 200		SUITE 200			1	
DELRAY BEACH FL 33445 DELRAY BEACH FL 334			i45		DO NOT WRITE	
					3. Date Incorporated or Qualified	3a. Date of Last Report
					09/14/1994	08/06/1996
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 26					65-0537619	Not Applicable
Sulte, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22				A Florida Consider Florida		
 		⊢	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	ip Country Zip		Country			1.0000 10 1 000
24	25	29	30		8. This corporation owes or has pail Personal Property Tax due June	
	9. Name and Address of Current Registered Agent			10. Name and Address of New Reg		
	IRO, ROBERT L	······································	81	Name 2	10 mel 1 / 1/1	7
1645 PALM BEACH LAKES BLVD.			<u> </u>	70	IDEIT THE LEVY	<u> </u>
SUITE 600			82	Street Addre	S (D) Box Number is Not Acceptab	3 AVE #200
WEST PALM BEACH FL 33401			83	/_	70 0. CO10010G	3 / 1/2 / 1 = 5 5
17201	TALM BEACHTE SOTO					
			84	City DE	LRAY BEACH	FL 85 Zip Code 73745
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation office or registered agent, or both, in the State of Florida. Such change was authorized by the proporation's b					ration submits this statement for the p	urpose of changing its registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the proporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of Section 607.0505, Florida Statutes.						
SIGNATURE ROBERT A: LEVI						9110197
Sign	ature, typed or printed name of registered ag	ent and title if applicable. (N	OTF: Hegistered Age	signature required	d when reinstating)	DATE
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
	_		1.1 TITLE			Change Addition
			1.2 NAME			
STREET ADDRESS 1690 S. CONGRESS AVE., SUITE 200		13 STREFT	ADDRESS			
CITY-ST-ZIP			1.4 C(TY - ST - Z(P			
TITLE		DELETE	2.1 TiTLE			Change Acdition
NAME			2.2 NAME			
STREET ADDRESS	ESS		2.3 STREET	ADDRESS		<u>'</u>
CITY-ST-ZIP			2. 4 CITY-S	ST - ZIP		
TITLE	☐ DELETE ;		3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS	\$ 		3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY - S	T-ZIP		
TITLE			4.1 TITLE	1		Change Addition
NAME			4. 2 NAME	1		
STREET ADDRESS	;		4.3 STREET	ADDRESS		
CITY-ST-ZIP	4.4.0		4.4 CHY-S	T- ZIP		
TITLE		DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - S	T - ZIP		· · · · · · · · · · · · · · · · · · ·
TITLE	DELETE 6.1		6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
ı						

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 eath, 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.

9/10/97 111 004

FILED

Sep 19 1997 8:00am

Secretary of State