

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P94000070946 (6)**

1. Corporation Name

MK MANAGEMENT, INC.

APPROVED
AND
FILED

97 FEB 13 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

**C/O HOLLAND & KNIGHT
701 BRICKELL AVENUE, SUITE 3000
MIAMI FL 33131-3209**

**C/O HOLLAND & KNIGHT
701 BRICKELL AVENUE, SUITE 3000
MIAMI FL 33131-2847**

3. Date Incorporated or Qualified

09/27/1994

3a. Date of Last Report

03/05/1996

4. FEI Number

65-0533008

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE
SUITE 3000
MIAMI FL 33131-3209**

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 of registered agent or printer of name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PST
KNOLL, MENDEL**
STREET ADDRESS **701 BRICKELL AVENUE, SUITE 3000**
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

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6.1 TITLE

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7.1 TITLE

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7.3 STREET ADDRESS

7.4 CITY-ST-ZIP

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8.1 TITLE

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8.3 STREET ADDRESS

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9.1 TITLE

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9.4 CITY-ST-ZIP

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10.1 TITLE

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13.1 TITLE

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14.1 TITLE

14.2 NAME

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15.1 TITLE

15.2 NAME

15.3 STREET ADDRESS

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16.1 TITLE

16.2 NAME

16.3 STREET ADDRESS

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17.1 TITLE

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17.3 STREET ADDRESS

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18.1 TITLE

18.2 NAME

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18.4 CITY-ST-ZIP

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19.1 TITLE

19.2 NAME

19.3 STREET ADDRESS

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20.1 TITLE

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21.1 TITLE

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23.1 TITLE

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29.1 TITLE

29.2 NAME

29.3 STREET ADDRESS

29.4 CITY-ST-ZIP

TITLE ☐ DELETE

30.1 TITLE

30.2 NAME

30.3 STREET ADDRESS

30.4 CITY-ST-ZIP

TITLE ☐ DELETE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)