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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JUN -7 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000076754

1. Corporation Name
M.K. Developers of Wyndemere, Inc.

Principal Place of Business	Mailing Address
3838 Tamiami Trail N Naples, Florida 34103	3838 Tamiami Trail N Naples, Florida 34103

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: October 19, 1994

2. Principal Place of Business	2a. Mailing Address
21 999 Ninth Street South	26 999 Ninth Street South
Suite, Apt. #, etc. 22 Suite 204	Suite, Apt. #, etc. 27 Suite 204
City & State 23 Naples, Florida	City & State 28 Naples, Florida
Zip 24 34102 Country 25 Collier	Zip 29 34102 Country 30 Collier

4. FEI Number: 65-0542732 ☐ 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Conroy, J.T. III 3838 Tamiami Tr. N, 492 Naples, FL 34103	81 Name: Leonard P. Reina, Esq. 82 Street Address (P.O. Box Number is Not Acceptable): 500 5th Ave S. N 502 83 -06/14/99--01007--012 84 City: Naples FL 85 Zip Code: 34102

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: _____ DATE
Signature required of named of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE President NAME Michael Kessous STREET ADDRESS 3838 Tamiami Trail North CITY-ST-ZIP Naples, Florida 34103	☒ DELETE	13.1 TITLE President 13.2 NAME Mishel Perets 13.3 STREET ADDRESS 999 Ninth Street South Ste. 204 13.4 CITY-ST-ZIP Naples, Florida 34102	☐ Change ☐ Addto
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	23 TITLE Secretary/Treasurer/Dir 23 NAME Benjamin Mashiah 23 STREET ADDRESS 999 Ninth Street South Ste. 204 23 CITY-ST-ZIP Naples, Florida 34102	☐ Change ☐ Addto
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	33 TITLE 33 NAME 33 STREET ADDRESS 33 CITY-ST-ZIP	☐ Change ☐ Addto
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	43 TITLE 43 NAME 43 STREET ADDRESS 43 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	53 TITLE 53 NAME 53 STREET ADDRESS 53 CITY-ST-ZIP	☐ Change ☐ Addto
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	63 TITLE 63 NAME 63 STREET ADDRESS 63 CITY-ST-ZIP	☐ Change ☐ Addto

-06/14/99--01007--011 550.00

14. I 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, with all other like empowered.

SIGNATURE: _____ Jun. 4. 99 (941) 2626977
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #