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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P9400078352 (9)

MPK AND TWO, INC.

Principal Place 4101 SW 47TH SUITE 106	AVENUE	Mailing Address 4101 SW 47TH AVENUE SUITE 106					
FORT LAUDER	DALE FL 33314	FORT LAUDERDALE FL	33314-4037		3. Date Incorporated or Qualified		f Last Report
					10/24/1994	09/23/1	1996
<u> </u>	lace of Business	2a. Mailing Address		4. FEI Number Applied For			
21		26			65-0529031		Not Applicable
Suite, Apt.		Suite, Apt #, etc.		5. Certificate of Status Desired Fee Required			
City & Stat		City & State			Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees
Zφ	 		Country		8. This corporation has liability for intangible tax under s. 199.032,		
24	25 29 30		30		Florida Statutes Yes No 10. Name and Address of New Registered Agent		
	9. Name and Address of Currer	nt Registered Agent	8	1 Name	10. Name and Address of New Re	gistered Ager	10
	RTGIS, MICHAEL P		ľ	Name			
	1 SW 47TH AVENUE Te 106		8	2 Street Add	dress (P.O. Box Number is Not Acceptab	le)	
,	RT LAUDERDALE FL 33314		8	3	***************************************		
			B	4 City			Zip Code
			*	4 City		FL 85	, Zip Code
SIGNATURE	Stip alars, typed or per leto name of orgistered ago				ation's board of directors. I hereby acception of the state of the sta	DATE	
1.1LE	DPS	DELETE	11 THTU		ADDITIONS/OFFATOES TO OFFITO		Change
NAME	CURTOR MOULE DOD		1.2 NAM	1			
STREET ADDRESS	4101 SW 47 AVE SUITE 106		1.3 STREET ADDRESS				!
CITY - ST - ZIP	FORT LAUDERDALE FL 33314	}	1.4 CITY	-ST-ZIP			ĺ
TITLE	DV DELETE 2.1		2.1 ItTL				Change Addition
NAMÉ	KURTGIS, MICHAEL P JR.		2.2 NAM	2 NAME			
STREET ADDRESS	4101 SW 47 AVE SUITE 108		2.3 STRE	ET ADDRESS			
CITY - ST - ZIP	FORT LAUDERDALE FL 33314		2 4 CITY	-ST-ZIP			
TITLE			3.1 TITLI			. 🗀	Change L Addition
NAME	KURTGIS, MATTHEW P		3.2 NAM	·			
STREET ADORESS	PODT LAUDEDDALE EL AGRAA		•	ET ADDRESS			}
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NAME.			5.2 NAM				
STREET ADDRESS				ET ADDRESS			
CITY - ST - ZIP				-ST-ZIP			ĺ
THUE		DELETE	6.1 T/TL				Change Addition
NAME			6.2 NAM	E			
STREET ADDRESS				ET ADDRESS			j
CHY-ST-ZIP	,		6.4 CITY	i i			

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 clirector 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

MATURE AND TYPED OR BHILLYED NAME OF SUMMING OFFICER OR DIRECTOR

9-5-97 (933)584-2000 Date Daysnie Prone #

FILED

Apr 07 1997 8:00am

Secretary of State

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