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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90010 025 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000078352

MPK AND TWO, INC.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

,		•										
Principal Place of Business Mailing Address						1-10-				J OG 10100 III		
4101 SW 47TH AVENUE				4101 SW 47TH AVENUE								
SUITE 106 SUITE 106						·						
FORT LAUDERDALE FL 33314 FORT LAUDERDALE FL 33314						ļ			DO NOT WRITE IN THIS SPACE			
								3.	Date Incorporated or Qualifed			
									10/24/1994			
2. Principal Place of Business				2a. Mailing Address				4.	FEI Number	A	oplied For	
21				26					65-0529031		ot Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				1_	Outline of Chattan Danier I	\$8.75	Additional	
22				27				5. Certificate of Status Desired Fee Required				
City & State				City & State				6. Election Campaign Financing 5.00 May Be				
— , '								1	Trust Fund Contribution Added to Fees			
Zip Country				Zip	Countr	ntry			This corporation owes the current year In	angible		
	25	n. *	29	36	0			-	Personal Property Tax.	☐Yes	□Ño	
24 25 29 9. Name and Address of Current Registered Agent					1501			10. Name and Address of New Registered Agent				
		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			81	Nam	16					
KURTGIS, MICHAEL P												
4101 SW 47TH AVENUE						82 Street Address (P.O. Box Number is Not Acceptable)						
SUITE 106						83				ei Litte ilst 1801		
FORT LAUDERDALE FL 33314						[17] [17] [17] [17] [17] [17] [17] [17]						
TOTAL ENDERIDALE IS OUT						84 City 85 Zip Code						
wast made attention	1.23930								<u> </u>	<u>- </u>		
office or re	nane hereteine	t or both in the State (nt Floric	07.1508, Florida Statutes (a. Such change was auth Section 607.0505, Florid	norizea bi	tne co	ed corpo rporatio	oratio n's b	on submits this statement for the purpose of oard of directors. I hereby accept the appo	changing it intment as r	s registered egistered	
SIGNATURE												
0.0.0.0.0.0	Signature, typed or p	printed name of registered agent			egistered Age	ent signatu	re required			UD DIDECT	ODE IN 12	
12.		OFFICERS ANI	D DIRE		13.				ADDITIONS/CHANGES TO OFFICERS A	Change		
TITLE	DPS ·	÷		☐ DELETE	1.1 TITLE					[] Citalige	Addition	
NAME	**************************************						1.2 NAME				. 1	
STREET ADDRESS	FADDRESS 4101 SW 47 AVE SUITE 106					1.3 STREET ADDRESS						
CITY-ST-ZIP												
TITLE	DV	1		☐ DELETE	2.1 TITLE					Change	Addition	
NAME	KURTGIS. N	MICHAEL P JR.			2.2 NAME							
STREET ADDRESS 4101 SW 47 AVE SUITE 106					2.3 STREET ADDRESS							
						2. 4 CITY-ST-ZIP					•	
TITLE	Document of the second of the						3.1 TITLE			Change	Addition	
NAME OF THE	医尿管 医维克氏菌	ATTHEW P			3.2 NAME							
NAME CONTROL KURTGIS, MATTHEW P STREET ADDRESS 4101 SW 47 AVE SUITE 106						3.3 STREET ADDRESS			and the second s	· . • . •		
OUT LAUDEDDALE EL GOGAA						3.4. CITY-ST-ZIP				100	医动物潜植物	
CITY-ST-ZIP	FUNI LAUL	ENUALE FL 33314		☐ DELETE	4.1 TITLE	31-ZIP	+			≛ ☐ Change	Addition	
TITLE				C) DECE 16	4.1 DILE							

CITY-ST-ZIP 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 anguel 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 of on an area of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver o

6.4 CITY-ST-ZIP

4, 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

□ DELETE

DELETE

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Michaelle Mikurt gis, RSTQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4100 Så 47 FRE SPOTERS FORT LEIGHTED FOR THE

(954) 584 - 70.0.0

☐ Change

Daytime Phone #

Addition