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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000079425 (2) DOCUMENT #

MWK LAKE BUENA VISTA, INC.

**FILED** May 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						f 1001/201 tid 10th arth arth said agus and said an aisid said arth
<b>6649 W</b> ESTW	OOD BLVD.	6649 WESTWOO	6649 WESTWOOD BLVD.			
130	00001	130				DO NOT WRITE IN THIS SPACE
ORLANDO FI US	_ 35021	US US	ORLANDO FL 32821 US			3. Date Incorporated or Qualified
.00		••				10/28/1994
2. Principal Pl	ace of Business	2a. Mailing Addre	2a. Mailing Address			4. FEI Number Applied For
21		26	26			58-2146117 Not Applicable
Suite, Apt.	#, <b>e</b> tc.	Suite, Apt. #, 4	Suite, Apt. #, etc.			\$8.75 Additional
22		27				Fee Required
City & State	9	City & State	City & State			6. Election Campaign Financing \$5.00 May Be
3		26	· · · · · · · · · · · · · · · · · · ·			Trust Fund Contribution Added to Fees
Zip	Country	Zip	<del>├-</del> ¬	Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes No
24	25 9. Name and Address of Curre	nt Registered Agent	30	30		10. Name and Address of New Registered Agent
		III nogistered Agent		81	Name	10, 11
	CORPORATION SYSTEM			82		
	00 PINE ISLAND RD JITE 1300				Street A	ddress (P.O. Box Number is Not Acceptable)
	ANTATION FL 33324			83		
FL	ANTAHON FE 33324					
				84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florid	a Statutes, the a	above avode	e-named c	comparation automits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the State	e of Florida, Such chang	ge was authorize	ed by	the corpo	oration's board of directors. I hereby accept the appointment as registered
	m tarninar with, and accept the cong	Janons of, deciden our a	5505. Fiorial Oil	1000	J.	
SIGNATURE	Signature, typed or profited name of registered as	yert and title if applicable	(NO1E: Register	ed Age	ont signature re	required when reinstating) DATE
12.	OFFICERS AN	NO DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DEI	ETE 1.1	TITLE		Change Addition
NAME	Kessler, Richard C		1.21	NAME	- 1	
STREET ADDRESS	6649 WESTWOOD BLVD 13	iO	1.3	STREET	ADDRESS	
CITY-ST-ZIP	ORLANDO FL		1.41	CITY-S	17-ZIP	
TITLE		☐ DEL	.ETE 2.1	TITLE	İ	Change Addition
NAME			2.21	NAME	ĺ	
STREET ADDRESS	la		233	STREET	ADDRESS	
CITY-ST-ZIP				2.4 C(1Y - S1 - Z(P		
TITLE		L DE	1			Change  Addition
NAME			I	NAME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP					ST-ZIP	☐ Change ☐ Addition
TITLE		L. DE		TITLE		☐ change ☐ Addition
NAME				NAME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP				CITY-S	ST-ZIP	Change Addition
TITLE		☐ DE		TITLE		Li ciarde Li voutou
NAME				NAME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP		☐ DE		CITY-S TITLE	51 - ZII'	Change Addition
TITLE		ואט ניין			ļ	Zhango Addition
NAME				NAME		
STREET ADDRESS	·		•		ADDRESS	
CITY-ST-ZIP	partitu that the information runnilari	with this filing does not	quality for the e	CITY-S	tion state	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information
in diament	an this applied copart of curristories	ital annual conort is true.	and accurate a	nd th	iat my sinr	nature shall have the same legal effect as it made under gain; that I am an
officer or Block 12	director of the corporation or the re- or Block 13 if changed, or on an art	ceiver or trustee empow achinged with In ac dres	erea to execute ss.	tniš •	report as	required by Chapter 607, Florida Statules; and that my name appears in