May 04, 1999 8:00 am Secretary of State

05-04-1999 90209 008 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000079425

1. Corporation Name

MWK LAKE BUENA VISTA, INC.

Principal Place	e of Business	Mailing Address			 -	1	IÇA IBANI ATAN BANI		SI I ddin Ibili bilin	i 14 50i 1 0ii (00i
6649 WESTWOOD BLVD.		6649 WESTWOOD BLVD.								
130		130				DO NOT WIDTE IN THE SPACE				
ORLANDO FL 32821		ORLANDO FL 32821		_	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed					
US		US			3.			ea		
					——- 	10/28/199 FEI Number	<u> </u>		1 1 40	oplied For
<u> </u>	lace of Business	2a. Mailing Address			•••		17		<u>`</u>	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			-	58-21461			\$8.75	
Suite, Apt. #, etc.		27			5.	Certificate of	Status Desired		Fee Re	
City & State		City & State			6	Flection Carr	paign Financii		\$5.00	May Re
23		28			"	Trust Fund C		'y 🗆	Added 1	-
Zip	Country	Zip	Countr	ry	8.	This corporat	ion owes the o	urrent year	ntangible	
24	25	29	30			Personal Pro			Yes	□No
	9. Name and Address of Curre				10.	Name and A	ddress of Ne	w Registere	d Agent	
			8	1 Name	•					
	CORPORATION SYSTEM		8:	2 Street	Address (P	O Box Numb	per is Not Acce	eptable)		
) PINE ISLAND RD			- Olicor						
	E 1300		8:	3						
PLAI	NTATION FL 33324		8	4 City					. 85 Zip	Code
								F	L	
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Stat	utes, the abo	ve-named	corporation	n submits this	statement for t	he purpose	of changing its	registered
office or re	egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change was gations of, Section 607.0505, F	lorida Statute	y me corp es.	ooralion 5 oc	Daid of Offecto	is. Thereby ac	cept the app	on the state	giotorea
1	•	•								
SIGNATURE										ļ
SIGNATURE	Signature, typed or printed name of registered a		TE: Registered Ag	ent signature				DATE		
SIGNATURE	OFFICERS A	AND DIRECTORS	13.				HANGES TO		AND DIRECTO	
	OFFICERS A		13.				HANGES TO		AND DIRECTO	DRS IN 12 ☐ Addition
12.	OFFICERS A D KESSLER, RICHARD C	AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME	:	D	ADDITIONS/C		OFFICERS	☐ Change	
12. TITLE	OFFICERS A D KESSLER, RICHARD C 6649 WESTWOOD BLVD 130	AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME		D 7380	ADDITIONS/C	LAKE	POAD	☐ Change	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A D KESSLER, RICHARD C	AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY-	ET ADDRESS ST-ZIP	D	ADDITIONS/C		POAD	□ Change	☐ Addition
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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 annual report in 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 results of trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or many accurate and that my name appears in Block 12 or Block 13 if changed, or many accurate and the properties of the corporation or the results of the corporation of the corporation or the results of the corporation of

6.4 CITY-ST-ZIP

SIGNATURE: