

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 SEP 19 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P94000084486 (7)

1. Corporation Name

MLMK CORP.

Principal Place of Business

521 MICHIGAN AVE.
MIAMI BEACH FL 33139

Mailing Address

521 MICHIGAN AVE.
MIAMI BEACH FL 33139

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/18/1994

3a. Date of Last Report

02/14/1995

4. FEI Number

65-0542610

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 has liability for intangible tax under s. 193.032,
Florida Statutes

Yes

No

10. Name and Address of New Registered Agent

81 Name

Frank Hillman

82 Street Address (P.O. Box Number is Not Acceptable)

2621 Flamingo Drive

83

84 City

Miami Beach

FL

85 Zip Code

33140

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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

[Signature]

(PRINT NAME) (Typed Agent signature required when replacing agent)

DATE

6-21-96

12. OFFICERS AND DIRECTORS

TITLE

DCP

DELETE

NAME

MILLMAN, FRANK

STREET ADDRESS

2621 FLAMINGO DR

CITY-ST-ZIP

MIAMI BEACH FL

TITLE

DV

DELETE

NAME

LIEBERMAN, LARRY

STREET ADDRESS

2621 FLAMINGO DR APT 1

CITY-ST-ZIP

MIAMI FL

TITLE

DVST

DELETE

NAME

KAZMIERCZAK, JOHN H

STREET ADDRESS

11892 SW 43 ST

CITY-ST-ZIP

DAVIE FL

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

3000001565113
-10/04/96--01033--025
***225.00 ***225.00

Change Addition

5501 Collins Ave #5B
Miami Beach, FL 33140

Change Addition

3319 Dominica Ct.
Punta Gorda, FL 33950

Change Addition

Change Addition

Change Addition

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Typed Name