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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000084486**1. Corporation Name

MLMK CORP.

Principal Place of Business

521 MICHIGAN AVE.

Mailing Address

521 MICHIGAN AVE.

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90161 008 ***150.00



MIAMI BEACH FL 33139		MIAMI BEACH FL 33139		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed 11/18/1994		
3 0 1 1 10		2a. Mailing Address		4. FEI Number	Applied For	
	ace of Business			1	Not Applicable	
	I FLAMMGO DR.		AMILLEG			
Suite, Apt. #, etc. Suite, Apt. #, etc.		يديد د يرسيد	5. Certifcate of Status Desired	8.75 Additional Fee Required		
City & State . City & State			6. Election Campaign Financing	\$5.00 May Be		
23 MIAA	23 MIAMI BEACH, FC 28 MIAMI BEA		EACH, F	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangi	ble	
24 33/3	39 ₂₅ US	29 33/39 30	\ \tag{\chi_{\sigma}}		Yes □No	
24	9. Name and Address of Current	1	<u>' </u>	10. Name and Address of New Registered Age	nt	
81 Name						
MILLMAN, FRANK						
2621 FLAMINGO DRIVE			82 Street A	82 Street Address (P.O. Box Number is Not Acceptable)		
MIAMI BEACH FL 33140						
MIZH	MI BENCITTE GOTTO		0.3			
:	•		84 City	FL ⁸	35 Zip Code	
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						
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Reg	gistered Agent signature re-			
12.) OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND D		
TITLE	DCP	☐ DELETE	1,1 TITLE		Change 🔲 Addition 🗧	
NAME	MILLMAN, FRANK		1.2 NAME		5	
STREET ADDRESS	2621 FLAMINGO DR		1.3 STREET ADDRESS		700	
CITY-ST-ZIP	MIAMI BEACH FL 33140		1.4 CITY-ST-ZIP		2	
TITLE	VST	☐ DELETE	2.1 TITLE		Change Addition C	
		<u></u>	2.2 NAME			
NAME	MILLMAN, FRANK					
STREET ADDRESS	2621 FLAMINGO DR		2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33140	D DELETE	2. 4 CITY-ST-ZiP		Change — Addition	
_TITLE		DELETE	3.1-TITLE		1 Cuta do [] Hodinou	
NAME	·		3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CiTY-ST-ZiP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change Addition	
NAME			4, 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change	
NAME			5.2 NAME			
i i i			5.3 STREET ADDRESS			
STREET ADDRESS			5.4 CITY-ST-ZIP			
CITY-ST-ZIP		□ Seatte	6.1 TITLE		Change Addition	
TITLE		☐ DELETE		L	1 Stronge - Addition	
NAME			6.2 NAME		1	
STREET ADDRESS			6.3 STREET ADDRESS		1	

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 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR