

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000018240 (8)

1. Corporation Name

MLI II, INC.

Principal Place of Business

Mailing Address

437 EAST MONROE STREET, SUITE 202  
JACKSONVILLE FL 32202

437 EAST MONROE STREET, SUITE 202  
JACKSONVILLE FL 32202



3. Date Incorporated or Qualified

03/03/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For

59-3307637

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

22 520 W. Hwy 436 Suite 1140

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

23 Altamonte Springs, FL

28 Jacksonville, FL

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

24 32714

25 Country

29 32216

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROOKS, MICHAEL L  
437 EAST MONROE STREET, SUITE 202  
JACKSONVILLE FL 32202

81 Name Michael Nowlin

82 Street Address (P.O. Box Number is Not Acceptable)  
199 Governor's Road

83

84 City Ponte Vedra Beach FL 85 Zip Code 32082

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.

X SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME BROOKS, MICHAEL L  
STREET ADDRESS 437 EAST MONROE STREET, SUITE 202  
CITY-ST-ZIP JACKSONVILLE FL 32202

1.1 TITLE President  
1.2 NAME Michael Nowlin  
1.3 STREET ADDRESS 199 Governor's Road  
1.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE S  
2.2 NAME Leslie Nowlin  
2.3 STREET ADDRESS 199 Governor's Road  
2.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE V  
3.2 NAME William Bjurmark  
3.3 STREET ADDRESS 518 Oakwood Court  
3.4 CITY-ST-ZIP Altamonte Springs FL 32714

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE V  
4.2 NAME Elliott Weinstein  
4.3 STREET ADDRESS 8315 Port Said St  
4.4 CITY-ST-ZIP Orlando, FL 32817

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

X SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)