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Feb 22, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000022174

1. Corporation Name
M F V & K ENTERPRISES, INC.



Principal Place of Business
 110 INDUSTRIAL DR.
 FULTON MO 65251

Mailing Address
 5805 SCHOONER WAY
 TAMPA FL 33615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/17/1995

4. FEI Number
59-3303542

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 **2240 Belleair Road**

2a. Mailing Address
 26 **2240 Belleair Road**

Suite, Apt. #, etc.
 22 **Suite 190**

27 **Suite 190**

City & State
 23 **Clearwater, FL**

28 **Clearwater, FL**

Zip Country
 24 **33764** 25 **us**

29 **33764** 30 **us**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

O'CONNOR, PATRICK M
 2240 BELLEAIR RD STE 160
~~18167 U.S. HIGHWAY 19 NORTH, SUITE 401~~
 CLEARWATER FL 34624 33764

81 Name

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

83

84 City **FL** 85 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOX, JEFFREY M	1.2 NAME	
STREET ADDRESS	5805 SCHOONER WAY	1.3 STREET ADDRESS	2240 Belleair Rd, ste 190
CITY-ST-ZIP	TAMPA FL 33615	1.4 CITY-ST-ZIP	Clearwater, FL 33764
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKINNEY, REX	2.2 NAME	
STREET ADDRESS	RR#1	2.3 STREET ADDRESS	
CITY-ST-ZIP	EL DORADO KS 67042	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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] DATE: 1/10/99 DAYTIME PHONE #: 727-530-0036

CR2E034 (11/98)