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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000034312 (5)

MVS CORAL KEY ENTERPRISES, INC.

Principal Place of Business		Mailing Address			T TO BE THE THE COLOR OF THE CO		
		1503 SE 47TH TERRACE					
CAPE CORAL FL 33904		CAPE CORAL FL 33904		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified	THO OF ACL	
9 Principal R	Place of Business	2a. Mailing Address			05/03/1995 4. FEI Number	Applied For	
	lace of Essilicon	26			***	Not Applica	
Suite, Apt.	# elc	Suite, Apt. #, etc.			65-0630861	\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required		
City & Stat	le	City & State			8. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Countr	v	This corporation owes or has paid the		
24	25	29	30	•	Personal Properly Tax due June 30.	Yes No	
	g. Name and Address of Currer		1001		10. Name and Address of New Registe	red Agent	
SC	HMID, MICHAEL		81	Name c	CINTD MICAURI		
2114 SW-48TH TERRACE			00		CHMID, MICAHEL		
-CAPE-CORAL-FL-33014				82 Street Address (P.O. Box Number is Not Acceptable) 130 SW 51ST TERRACE			
· VA	3 L 00174C 1 C 000 14		83		30 011 3201 231112202		
			<u>_</u>				
				City	APE CORAL	FL 85 Zip Code 33914	
agent. Le SIGNATURE	am familiar with, and accept the oblig				ed when reinstalling) DA	TE	
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
TITLE	DPST	☐ DELETE	1.1 THILE		PST	XX Change	
NAME	SCHMID, MICHAEL		1.2 NAME				
STREET ADDRESS	2114 SW 48TH TERRACE		1.3 STREE		SCHMID, MICHAEL		
CITY-ST-ZIP	CAPE CORAL FL 33914		1.4 CITY-	ST-ZIP	30 SW 51ST TERRACE APE CORAL, FL 33914		
TITLE							
]	DELETE	2.1 TITLE		ALE CORAL, FL. 33914	Change Addit	
NAME		DELETE	2.1 TITLE 2.2 NAME		ALE CORAL, FI. 13914	Change Addit	
NAME STREET ADDRESS		DELETE	2.2 NAME		MIE CORRE, FL 3.1914	Change Addit	
		☐ DELETE	2.2 NAME	T ADDRESS	MIE WRAU, FI. 11914	Change Addit	
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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.

5.1 TITLE 5.2 NAME

61 TITLE

6.2 NAME

5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

DELETE

DELETE

CICALATUDE.

TOLE

NAME STREET ADDRESS

NAME

CITY-ST-ZIP

STREET ADDRESS

2-10-98

FILED

Feb 17 1998 8:00am

Secretary of State

(941)5443101

Change

Addition