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FILED  
Apr 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000035934 (5)**

1. Corporation Name

**M.B.K. INVESTMENTS, INC.**

Principal Place of Business

**307 ADAMS AVE  
APT. 11  
CAPE CANAVERAL FL 32920  
US**

Mailing Address

**307 ADAMS AVE.  
APT. 11  
CAPE CANAVERAL FL 32920**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/03/1995**

4. FEI Number

**NOT APPLICABLE**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**ANDERSEN, KIM H  
307 ADAMS AVE. APT 11  
CAPE CANAVERAL FL 32920**

10. Name and Address of New Registered Agent

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

*Kim Andersen*

(NOTE: Registered Agent signature required when reinstating)

DATE

**APR 10/98**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ANDERSEN, KIM H</b>	
STREET ADDRESS	<b>307 ADAMS AVE.</b>	
CITY-ST-ZIP	<b>CAPE CANAVERAL FL 32920</b>	

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>MCQUOID, BENJAMIN</b>	
STREET ADDRESS	<b>307 ADAMS AVE.</b>	
CITY-ST-ZIP	<b>CAPE CANAVERAL FL 32920</b>	

TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>MCQUOID, MARIAN</b>	
STREET ADDRESS	<b>307 ADAMS AVE.</b>	
CITY-ST-ZIP	<b>CAPE CANAVERAL FL 32920</b>	

TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GRIFFIN, CYNTHIA</b>	
STREET ADDRESS	<b>307 ADAMS AVE.</b>	
CITY-ST-ZIP	<b>CAPE CANAVERAL FL 32920</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE

*Kim Andersen*

**APR 10/98**

CR2E034 (10/97)