## 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

Secretary of State

**FILED** 

Apr 21 1998 8:00am

DOCUMENT # P9500048073 (7)  MKV REALTY, INC.  Principal Place of Business Mailing Address  1801 FORUM PLACE SUITE 805 W. PALM BEACH FL 33401  W. PALM BEACH FL 33401				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
2. Principal F	Place of Business	2a. Mailing Address		06/20/1995 4. FEI Number	Applied For
21		26		65-0589317	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25 9. Name and Address of C	Zip [29]	Gountry 30	This corporation owes or has paid the Personal Property Tax due June 30.     Name and Address of New Registers	☐ Yes ☐ No
M	ACKEY, WALTER J JR.	Suitelit Hegisteren Agent	81 Name	10. Name and Address of New Registers	a Agent
	01 FORUM PLACE		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
SUITE 805				cress (r.o. box Number is Not Acceptable)	
Į W.	PALM BEACH FL 33401		83		
-			84 City		85 Zip Code
SIGNATURE  12.	am familiar with, and accept the	obligations of, Section 607.0505, Fi	Orida Statutes.  IF Registered Agent signature requirements.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a purpose when reinstating)  ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
NAME	KRUMM, WALTER T	€ DETERE	1.1 TITLE 1.2 NAME		Change Addition
STREET ADDRESS 4951 GULFSHORE BLVD N, PH301		D N, PH301	1.3 STREET ADDRESS		
CITY-\$T-ZIP	NAPLES FL		1.4 CITY-ST-ZIP		
TOTLE	DP	DELETE	21 TITLE		Change Addition
NAME	MACKEY, WALTER		22 NAME		
STREET ADDRESS	772 LAGOON DR		23 STHEET ADDRESS		
CITY-ST-ZIP TITLE	N. PALM BEACH FL ST	DELETE	2 4 CHY-ST-ZIP		
NAME	WILLIAMS, EDWARD S	□ ntrtι <b>t</b>	3.1 TITLE 3.2 NAME		☐ Change ☐ Addition
STREET ADDRESS	6080 TERRA ROSA CIRC	CLE	3.3 STREET ADDRESS		
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>		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 ☐ Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME		□ pricit	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CHTY-ST-ZIP			6.4 CITY-ST-ZIP		
	<del></del>				

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 or application on the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the rece