

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000093658
1. Corporation Name

M.J.M.K. - ST. LUCIE, INC.

FILED
97 JUL 30 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1690 SOUTH CONGRESS AVENUE SAME
SUITE 200
DELRAY BEACH, FL 33445

3. Date Incorporated or Qualified 12-11-95 3a. Date of Last Report 1996

2. Principal Place of Business 2a. Mailing Address
21 1690 South Congress Ave 26 SAME
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 Suite 200 27
City & State City & State

23 Delray Beach, FL 28
Zip Country Zip Country

24 33445 25 USA 29 30

4. FEI Number Applied For
65-0634126 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Robert Lee Shapiro
2401 PGA Boulevard
Suite 272
Palm Beach Gardens, FL 33410

10. Name and Address of New Registered Agent

81 Name Robert A. Levy
82 Street Address (P.O. Box Number is Not Acceptable) 1690 South Congress Avenue
83 Suite 200
84 City Delray Beach FL 85 Zip Code 33445

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 ROBERT A. LEVY

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D, P ☐ DELETE
NAME Robert A. Levy
STREET ADDRESS 1690 S. Congress Avenue, Suite 200
CITY-ST-ZIP Delray Beach, FL 33445

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 500002252485--9
1.4 CITY-ST-ZIP -07/30/97--01060--009
*****550.00 *****550.00

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 500002252485--9
2.4 CITY-ST-ZIP -07/30/97--01060--010
*****8.75 *****8.75

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

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

14. I do 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: Robert A. Levy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/97 561-274-2000 ext. 345

CR2E034 (9/96)