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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000097146

1. Corporation Name

STREET ADDRESS

MENKAR CORPORATION

Principal Place	e of Business	Mailing Address			I INTIING! HE LEIST BILL SOUR BOUR BOUR BERFED H	166 18881 1181	
2721 NW 106 AVENUE 2721 NW 106 AVENUE CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065					DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed	-	
					12/19/1995		1
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	F	Applied For
21		26			65-0645528	_ _\^	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	•	Additional
22					5. Certificate of Status Desired	Fee F	Required
City & State City & State					6. Election Campaign Financing		May Be
23 28					Trust Fund Contribution		d to Fees
Zip Country Zip 24 25 29			Country 0		 This corporation owes the current year Inta Personal Property Tax. 	angible Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered A	Agent	
				Name			
HANNA, MARTIN J			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)		
1515 UNIVERSITY DR, #214			L				
CUR	AL SPRINGS FL 33071		83				
			84	City		85 Zip	Code
					FL	abanging i	te registered
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 pathy and accept the obligations of, Section 607.0505, Florida Statutes.							
agent. I am familiar rating and actient the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE	Want.		~~		quired when reinstating) PATE/	7/	\
40	Signature, typed or printed name of registered agen OFFICERS AN		13.	it signature requ	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	ORS IN 12
12.	PS	☐ DELETE	1.1 TITLE	Т	ADDITIONO/OFWINDED TO OFF TOLINO WILL	☐ Change	
NAME	10		1.2 NAME				
STREET ADDRESS	ATTACANT AND SUFFILIE			TADDRESS			1
CITY-ST-ZIP	CORAL SPRINGS FL 33065		1.4 CITY-S				
TITLE			2.1 TITLE			Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	T ADDRESS			1
CITY-ST-ZIP	The state of the s		2. 4 CITY-5	- 1			ŀ
TITLE			3.1 TITLE			Change	e 🔲 Addition
NAME		3.2 N					
STREET ADDRESS			3.3 STREE	T ADDRESS			i
CITY-ST-ZIP			3.4 CITY-9	,			
TITLE		☐ OELETE	4.1 TITLE			Change	e 🗌 Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S				
TITLE		DELETE 5.1				Change	e Addition
NAME			5.2 NAME	1			,
STREET ADDRESS			5.3 STREE	TADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	e
NAME			6.2 NAME				

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.

6 3 STREET ADDRESS

6.4 CITY-ST-ZIP