2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

Principal Place of Business 2721 MV 106 AVENUE CORAL SPRINGS FL 3005 273 Mailing Address Sulte, Apt. #, etc. Sulte, Apt. #, etc. Sulte, Apt. #, etc. City & State City &	DOCUMENT # P95000097146 1. Entity Name MENKAR CORPORATION					00 JUL 24 AM IO: 05 SECRETARY OF STATE JALLAHASSEE, FLORIDA			
Suite, Apt. #, etc. A. FEI Number 65-0645528 Applied	Principal Place	e of Business	Mailing Address			1 1/2 1	• •		
Suite, Apt. #, etc. City & State Name Name Street Address of New Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City & FL Zip Code 7. Name and Address of New Registered Agent City & FL Zip Code 8. The above named exity submits this statement if the purpose of crysinging its registered dirice or registered agent, or both, in the State of Florida. Signows lepado printed state of registered agent, or both, in the State of Florida. Signows lepado printed state of registered Agent a			·			loge 1f2			
City & State City & State City & State City & State Country C			3. Mailing Address		⊣ ″				
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Addition Fine Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name	Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	1		
6. Name and Address of Current Registered Agent Name HANNA, MARTIN J 1515 UNIVERSITY DR, #214 CORAL SPRINGS FL 33071 8. The above named epity submits this statement of the purpose of changing its registered difference or registered agent, or both, in the State of Florida. Signature, byset or printer name of registery septification is eligible to satisfy its Intanglible Task May 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE GREENHOUSE, DOROTHY L STREET ADDRESS CITY-ST-ZP TITLE ORAL SPRINGS FL 33065 TITLE ORAL S	City & State		City & State		4 . F	-El Number 65-0645528		ed For pplicable	
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SIGNATURE Signature Image:				City:	FL				
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of the corporation or the receiver or trustee empowered to execute this report a changed, or on an attachment with an address, with all other like empowered.

IGNATURE:

SIGNATURE:

SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Menkar Corp.



Phone 954.920.4372 Fax 954.340.7023

July 20, 2000

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Katherine Harris Secretary of State

I called your office, they advised me to write this letter.

Please accept this letter as an explanation for the tardiness of dues.

A vehicle hit my adult daughter and we have been the primary care givers for her. We live in Broard County and all of her Doctor and hospital appointments are in Dade County.

My husband was called out on a ship, (he is an officer in the Merchant Marines)

Since it is not feasible to leave my daughter alone I have been unable to keep up with my corporate duties.

Please accept this letter of explanation, and I will do my best to see that it does not happen again.

Thank you, for you anticipated cooperation in this matter. If you need further information please do not hesitate to call.

Sincerely

Dorothy L. Greenhouse

President
Menkar Corp. Ref. Document # P95000097146
FEI Number 65-0645528