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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

CITY-ST-ZIP

Thereby certify that the information supplied with this filing di indicated on this annual report or supplemental annual report

Block 12 or Block 13 it changed and

DOCUMENT # P96000006951 (3)

MVK ENTERPRISES. INC.

Principal Place of Business Mailing Address 3727 TYRONE BLVD 3727 TYRONE BLVD ST. PETERSBURG FL 33710 ST. PETERSBURG FL 33710 DO NOT WRITE IN THIS SPACE US US 3. Date Incorporated or Qualified 01/23/1996 4, FEI Number Principal Place of Business 2a. Mailing Address Applied For 59-3354939 Not Applicable 21 Suite, Apt #, etc. Suite Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Zin Country  $Z_{1D}$ 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent В1 Name ROBERTS, CALVIN C 6574 30TH AVENUE NORTH Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33710 83 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE agestered Agent signature required when reinstating) Signature, type the practed name of regentines ago it and tibrill applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE TITLE KHALIFA, MOHAMED 1.2 NAME NAME 2960 MEADOW OAK DRIVE STREET ADDRESS 1.3 STREET ADDRESS **CLEARWATER FL 34621** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELFTE 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2 3 STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CHY-ST-ZIP DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY - \$1 - ZIP CITY-ST-ZIP Change Addition DELFTE 5.1 TITLE TITLE NAME 5.2 NAME -08/25/98--01081--3**1**0 STREET ADDRESS 53 STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Pase Millon 2960 madow oak Dr. 5 DELF TE Addition 6.1 TITLE TITLE 6 NAME 6 3 STREET ADDRESS NAME STREET ADDRESS

64 CHY-ST-ZIP

e and uter my signature shall have the same legal effect as if made under oath; that I am an one this region as required by Chapter 607, Florida Statutes; and that my name appears in

**FILED** 

Jun 24 1998 8:00am

Secretary of State