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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000007386 (1)

MKL, INC.

Principal Place of Business Mailing Address

FILED Jun 19 1997 8:00am Secretary of State



| 880 NW 1ST AVENUE BOCA RATON FL \$3432 | 880 NW 1ST AVENUE BOCA RATON FL 33432-2 | 2604 | | | | | | | |
|---|--|--------------|---------------|--|---|-----------------------------|------------------------|--------------------------------|--|
| | | | | | 3. Date Incorporated or Qualified 01/24/1996 | 3a. Date o | of Last F | Report | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | 4. FEI Number | | | pplied For | |
| 21 | 26 | | | 65-0684753 | | | lot Applicable | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | | Additional Required | | |
| City & State | State City & State | | | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | | | |
| Zip Country 25 | Z(p 29 | Country 30 | | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | | | | |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | | | |
| LAMB, JOSEPH K SR. | | 1 | B1 Nar | me | | | | | |
| 880 NW 1ST AVENUE BOCA RATON FL 33432 | | | B2 Stro | ool Addre | Address (P.O. Box Number is Not Acceptable) | | | | |
| DODA WHON TE GOTOL | | Ī | B3 | | | | | | |
| • | | Ī | B4 City | / | | FL | 35 Zip | Code | |
| *11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of | f Florida. Such change was : | authorized | by the r | ned corporati | oration submits this statement for the pion's board of directors. I hereby accep | urpose of ch | anging ment a | its registered s registered | |
| agent. I am familiar with, and accept the obligat | ions of, Section 607.0505, Fl | orida Stalu | ites. | | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent | and title if applicable (NO) | F Registered | Agent sign | ature roquire | ed when reinstating) | DATE | | | |
| 12. OFFICERS AND | | 13. | rigori, orgin | ato p regard | ADDITIONS/CHANGES TO OFFIC | | RECTO | RS IN 12 | |
| TITLE PARAMENT DWOCKOY | DELETE | 1,1 7(1) | .£ | · 1 | | | Change | Addition | |
| NAME been K. Lamb, Sr. | | 1.2 NAM | ΜE | | | | | | |
| STREET ADDRESS 880 NW 75 Are. | DSEPH K. Lamb, Sr. MESS 880 NW 75 Are. | | | ss | | | | | |
| CITY-ST-ZIP BOCEN ROYON, FC 3 | Boca Raton, PC 33432 | | | .4 CITY-ST-ZIP | | | | ľ | |
| THE Exec. vice Presiden | | 2.1 TITU | | | | | Change | Addition | |
| NAME JOSEPH K. LOMB J | Joseph K. Lamb, Jr. | | | | | | | | |
| STREET ADDRESS 680 NW 75+ ANT. | | | | | | | | ļ | |
| CITY-ST-ZIP BOCA ROLTON FL | 33432 | 2. 4 CIT | Y - ST - ZIP | | | | | 1 | |
| TITLE | DELETE | 3.1 TITU | .F | | | | Change | Addition | |
| NAME | | 3.2 NA | WE | | | | | | |
| STREET ADDRESS | | 3 3 STA | IFFT ADDRE | ss | | | | | |
| CITY-ST-ZIP | | 3 4. CIT | Y-ST-71P | | | | | | |
| TITLE | ☐ DELETE | 4.1 100 | _F | | | | Change | ☐ Addition | |
| NAME | | 4. 2 NA | ME | | | | | | |
| STREET ADDRESS | | 4.3 STR | EET ADDRE | ss | | | | - | |
| CITY-ST-ZIP | | 4.4 C(T) | Y-ST-ZIP | | | | | | |
| TITLE | ☐ DELETE | 5 1 TIT(| .E | | | | Change | Addition | |
| NAME | | 5 2 NA | ME | | | | | 1 | |
| STREET ADDRESS | | 5 3 STP | LEET ADDRE | SS | | | | | |
| CITY-ST-ZIP | | 5.4 CIT | Y-SI-ZIP | | | | | | |
| TITLE | ☐ DELETE | 6.1 TIT | LÉ . | | | | Change | Addition | |
| NAME | | 6.2 NA | ME | | | | | | |
| STREET ADDRESS | | 6.3 STF | REET ADDRE | ss | • | | | | |
| CITY-ST-ZIP | | 6.4 CIT | Y-S1-ZIP | | | | | | |
| 44 Lido hereby certify that the information cumption | with this filing doos not aug | | | n stated | in Section 119 07/3\(ii) Florida Statute | s I further ce | rtify the | it the | |

supplemental annual report is true and accurate and that my signature Hall have the same legal effect as if made under oath; that or the receiver or trustee inpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name information Indicated on this annual I am an officer or director of the cerappears in Block 12 or Block 13/1 c