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

PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
98 OCT -2 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000008833

1. Corporation Name
M.P.K. ENTERPRISES OF FLORIDA, INC.

Principal Place of Business / Mailing Address
9532 PARKVIEW AVE.
BOCA RATON, FL 33428

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: 1/29/96

4. FEI Number: 65-0633777 ☐ Applied For ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

RATZON KOCHAVI
9532 PARKVIEW AVE.
BOCA RATON, FL 33428

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Ratzon Kochavi
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RATZON KOCHAVI	1.2 NAME	
STREET ADDRESS	9532 PARKVIEW AVE.	1.3 STREET ADDRESS	
CITY ST ZIP	BOCA RATON, FL 33428	1.4 CITY-ST-ZIP	
TITLE	SECRETARY ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	RATZON KOCHAVI	2.2 NAME	
STREET ADDRESS	9532 PARKVIEW AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33428	2.4 CITY ST ZIP	
TITLE	TREASURER ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	RATZON KOCHAVI	3.2 NAME	
STREET ADDRESS	9532 PARKVIEW AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33428	3.4 CITY ST ZIP	
TITLE	DIRECTOR ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	RATZON KOCHAVI	4.2 NAME	
STREET ADDRESS	9532 PARKVIEW AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33428	4.4 CITY-ST-ZIP	
TITLE	DIRECTOR ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MARION PLATT	5.2 NAME	
STREET ADDRESS	9532 PARKVIEW AVE.	5.3 STREET ADDRESS	
CITY ST ZIP	BOCA RATON, FL 33428	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY-ST-ZIP	

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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.

SIGNATURE: X Ratzon Kochavi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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