

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

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000043902 (1)

1. Corporation Name

MIKBAR ENTERPRISES, INC.

Principal Place of Business

4311 CRYSTAL LAKE DRIVE, #312
POMPANO BEACH FL 33064

Mailing Address

4311 CRYSTAL LAKE DRIVE, #312
POMPANO BEACH FL 33064-1271

3. Date Incorporated or Qualified

05/16/1996

3a. Date of Last Report

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2. Principal Place of Business

21 2228 Mears Parkway
Suite, Apt. #, etc.

22 City & State

23 Margate Florida
Zip Country

24 33064

25 Broward

2a. Mailing Address

26 2228 Mears Parkway
Suite, Apt. #, etc.

27 City & State

28 Margate Florida
Zip Country

29 33064

30 Broward

4. FEI Number

65-0368388

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

MARSH, ROBERT T.
4311 CRYSTAL LAKE DRIVE, #312
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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:

Robert T. Marsh Director

Robert T. Marsh

1/6/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARSH, ANN HAGLUND	
STREET ADDRESS	4311 CRYSTAL LAKE DRIVE, #312	
CITY - ST - ZIP	POMPANO BEACH FL 33064	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARSH, ROBERT T.	
STREET ADDRESS	4311 CRYSTAL LAKE DRIVE, #312	
CITY - ST - ZIP	POMPANO BEACH FL 33064	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARSH, THOMAS M.	
STREET ADDRESS	PROSPECT AVE., EXT.	
CITY - ST - ZIP	GOSHEN NY 10924	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARSH, ALICE A.	
STREET ADDRESS	PROSPECT AVE., EXT.	
CITY - ST - ZIP	GOSHEN NY 10924	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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:

Robert T. Marsh

Robert T. Marsh

1/6/97

954-783-2306

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

0148111

CR2E034 (9/96)