FILED SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMER 17, 1997. AMOUNT DUE ON OR BEFORE 8/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO PINSTATE: \$750.) Sep 19 1997 8:00am **PROFIT** FLORIDA DEPARTMENT) F STATE CORPORATION Sandra B. Mortem Secretary of State ANNUAL REPORT Secretary of Stal 1997 DIVISION OF CORPORTIONS DOCUMENT #
1. Corporation Name P96000068785 (0) M.J.M.K. - RIVERWALK, INC. Principal Place of Business Mailing Address 1690 S. CONGRESS AVENUE #200 1690 S. CONGRESS AVENUE # **DELRAY BEACH FL 33445** DELRAY BEACH FL 33445 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 3a. Date of Last Report 08/19/1996 2. Principal Place of Business Applied For 2a. Mailing Address 65-06966 Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State City & State Election Campaign Financing Added to Fees Trust Fund Contribution 23 8. This corporation owes or has paid the current year Intangible Žip C Country Yes Personal Property Tax due June 30. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LEVY, ROBERT A 1690 S. CONGRESS AVENUE #200 82 Street Address (P.O. Box Number is Not Acceptable) **DELRAY BEACH FL 33445** 83 Zip Code R4 City 85 ove-named corporation submits this statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the office or registered agent, or both, in the State of Florida, Such change was authorize agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Agont arguature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13 (4 TITLE DELETE 1.1 LEVY. ROBERT A NAME ME 1.2 REET ADDRESS 1690 S. CONGRESS AVENUE #200 STREET ADDRESS 1.3 DELRAY BEACH FL 33445 Y-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE TITLE 2.1 NAME M 2.2 STREET ADDRESS 2.3 REFT ADDRESS ITY-S1-ZIP CITY-ST-ZIP Change ☐ Addition DELETE HE TITLE NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY - S1 - ZIP CITY-ST-ZIP Change Addition DELFTE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CHY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE TITLE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 QIY-ST-ZIP CITY-ST-ZIP Change Addition DELFTE 6.1 TI7LE 6.2

EET ADDRESS

STREET ADDRESS
CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the information indicated on this annual report or supplemental annual report is true and I am an officer or director of the corporation or the receiver or trustee empowered to appears in Block 12 or Block 13 if changed, or on an altachment with an address.

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xemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the curate and that my signature shall have the same legal effect as if made under oath; that ocute this report as required by Chapter 607, Florida Statutes; and that my name