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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000076054

PMK ENTERPRISES, INC.

FILED Mar 02, 1999 8:00 am **Secretary of State**

03-02-1999 90039 027 ***150 00



Principal Place of Business Mailing Address 612 SUMTER COURT 612 SUMTER COURT WINTER SPRINGS FL 32708 WINTER SPRINGS FL 32708 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/10/1996 2. Principal Place of Business 4. FEI Number Applied For 2a. Mailing Address Brown Deer Ct 406 Brown 59-3401586 Not Applicable \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 ity & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution Country Country 8. This corporation owes the current year Intangible USA □No Personal Property Tax. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 KLOTE, PHILIP 82 612 SUMTER COURT WINTER SPRINGS FL 32708 83 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, and accept the obligations of, Section 607.0505, Florida Statutes. 84 Cita SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change ☐ DELETE 11 TM F TITLE KLOTE, PHILIP 1.2 NAME 1406 Brown Deer Ct. NAME 612 SUMTER COURT 1.3 STREET ADDRESS STREET ADORESS WINTER SPRINGS FL 32708 1.4 CITY-ST-ZIP CITY-ST-ZIP Change [] Addition ☐ DELETE 2.1 TITLE Shelene Klote TITLE 2.2 NAME KLOTE, SHELEN NAME 612 SUMTER CT 2.3 STREET ADDRESS STREET ADORESS WINTER SPRINGS FL 32708 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADORESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE Change 5 1 TITLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change □ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY ST-7IP CITY-ST-ZIP exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

14. I hereby certify that the information supplied with this filing does not qualify for the indicated on this annual report or supplemental annual report is true and accurate. e and that my signature shall have the same legal effect as if made under oath; that I am an cute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapsed other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED OFFICER OR DIRECTOR

CR2E034 (11/98)