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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000079620 (6)

MBK PROPERTIES, INC.

## **FILED** Jan 29 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 4903 1ST AVENUE DRIVE NW 4903 1ST AVENUE DRIVE BRADENTON FL 34209 BRADENTON FL 34209-28:										-					
										ate Incorporated of	or Qualified	<b>3a.</b> D:	ate of Las	it Rep	orl
2. Principal P	ace of Busin	iess	2	e. Mailing A	ddress				4. FE	l Number				Appli	ed For
21			21	5					6:	5-0699	590			Not A	Applicable
Suite, Apt 22	#, etc		2	Suite, Apt	t. #, etc.				<b>5.</b> Ce	ertificate of Status	Desired		\$8.7 Fee	5 Add Requ	
City & State	е		21	City & Sta	ate					ection Campaign ast Fund Contribu	•			00 Ma ed to f	•
Zip		Country		7ıp			Country	<i>f</i>	8. Th	is corporation ha			tax unde	er s. 19	99.032,
24		25	2		1114	30		·		orida Statutes			□ No		
		and Address of Cu	rrent Re	gistered Age	nt			<del>1 :</del>	10. N	me and Addres	s of New Re	gistered	Agent		
	ELEY, THO						81	Name							
1301 6TH AVENUE WEST STE 505 Bradenton FL 34205							82		dress (P.O. Box Number is Not Acceptable)						
							83								
							84	City			·		85 Z	ip Co	de
, <u>.</u>		ions of Sections 607 jent, or both, in the 5			<del> </del>			<u></u>				<u>FL</u>			
SIGNATURE		or provid page of register OFFICERS		RECTORS			stered Ag	ent signature re	required when rem ICA	nstating) DITIONS/CHANGI	S TO OFFIC	DATE CERS AND			
TITLE	PD				DELETE	1	1 TITLE				-		Chang	ge [	Addition
NAME		en, Kenneth C				1	1.2 NAME								
STREET ADDRESS		AVENUE DRIVE	NW			1	i,3 STREE	T ADDRESS							
CITY ST ZIP		TON FL 34209			1		4 CITY-	ST-ZIP			,		-/-		
TITLE	TD CHITTLE D	. В		L	DELETE		2.1 TITLE						Chang	ge t	Addition
NAME	SMITH, D	·				10.0	2 NAME		100	St. St. W					
STREET ADDRESS		' avenue west Ion FL 34205						T ADDRESS	Real	sth St., w ton, FL	747	0			
CHY-ST-ZIP TITLE	SD	V11 I L U1200			DELETE		4 CITY-	51-ZIP	Drager	FUN , FL	210		Chang	ne T	Addition
NAME	1 7 7	MATTHEW		I	, O.C.IL	1	1.2 NAME					•	- Unding	g~ L	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME STREET ADDRESS		AVENUE WEST						T ADDRESS							
CITY - ST - ZIII		ON FL 34205				- 1	34. CITY-	1							
TITLE					DELETE		1 TITLE						Chang	ge	Addition
NAME						4	2 NAME								
STREET ADDRESS						4	1.3 STREE	T ADDRESS							
CITY-ST-ZIP							1.4 CITY -								
TITLE					DELETE	5	5.1 TITLE						Chang	ge	Addition
NAME						5	5.2 NAME								
STREET ADDRESS						5	5.3 STREE	T ADDRESS							
CITY-ST-ZIP							5.4 CITY-	ST-ZIP		··········					
TITLE					DELETE	- 8	5.1 TITLE						☐ Chan	ge T	Addition
NAMÉ							6.2 NAME								
STREET ADDRESS						1		TADDRESS							
CITY - ST - ZIP	1					1 6	5.4 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

SIGNATURE: