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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000019466

. Corporation Name

MENSAK CORPORATION

WE1107 III							
Principal Place	e of Business	Mailing Address			1 13511451 114 13111 13511 55111 44111		
C/O CATHARIN	A INN	C/O CATHARINA INN					
300 NORTH BIRCH ROAD		300 NORTH BIRCH ROAD		DO NOT WRITE	IN THIS SPACE		
FT LAUDERDALE FL 33304		FT LAUDERDALE FL 33304		Date Incorporated or Qualifed	. IIT THIS GFACE		
					03/03/1997		
O Delection D	lace of Business	2a. Mailing Address		~	4. FEI Number		Applied For
	iace of business	2a. Washing Address			65-0745909		Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.	•			\$8.75	Additional
22	m, 000.	27		•	5. Certifcate of Status Desired	T	Required
City & State	e	City & State			6. Election Campaign Financing	\$5.0	May Be
23		28			Trust Fund Contribution	, , , , , , , , , , , , , , , , , , , ,	to Fees
Zip	Country	Zip	Country		8. This corporation owes the curren		_
24	25	29	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Current				10. Name and Address of New Re	gistered Agent	
, gpts -	ON DUE		81 N	lame			
	ISAK, RALF		82 S	treet Addres	ss (P.O. Box Number is Not Acceptable	le)	
	NORTH BIRCH ROAD				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	77.7 2 3 44 2 5	(1 - 1 - 1 - 1 - 1 - 1
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IN SECOND OF A	to the provisions of Sections 607.0502 registered agent, or both, in the State or m familiar with, and accept the obligation	t Fiorida. Such change was at	amonzeu ov me	amed corpor corporation	ration submits this statement for the pris board of directors. I hereby accept	urpose of changing i the appointment as	ts registered registered
IN SECOND OF A	egistered agent, or both, in the State o im familiar with, and accept the obligation	ons of, Section 607.0505, Flor	rida Statutes.	Согрогация	To board of directors. Thereby decept	and appearance of	ts registered registered
signature	registered agent, or both, in the State of im familiar, with, and accept the obligation Signature, typed or printed name of registered agent	ons of, Section 607.0505, Flor and title if applicable. (NOTE:	rida Statutes. Registered Agent sig	Согрогация	when reinstating)	DATE	
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14. 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

DED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/14/99

FILED

Feb 06, 1999 8:00am

Secretary of State

02-06-1999 90008 032 ***150.00

(954) 76042 (1

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