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

PROFIT CORPORATION ANNUÁL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700020884

M.E.K. INTERNATIONAL, INC.

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FILED Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90052 035 ***150.00



Principal Place of Business		Mailing Address	Mailing Address						
1820 S FERDON BLVD		1820 S FERDON BLV	1820 S FERDON BLVD						
CRESTVIEW FL 32536		CRESTVIEW FL 32536				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						03/07/1997		·	
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address			4. FEI Number	<u> </u>	plied For	
21		26	26			59-3431258		t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75			
22		27	27				Fee Re	equirea	
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be		
23		28	28		Trust Fund Contribution Added to Fees				
Zip	Country	Zip				8. This corporation owes the current year Intangible			
— , ·	25	29	ı <u>[]</u>			Personal Property Tax.			
24	9 Name and Address of Currer			T		10. Name and Address of New Registere	d Agent		
	Transaction of the state of the	Carlo Carlos	ı	81	Name				
WAR	D, FREDRICK L					(D.O. B. Attach or fo Net Accordable)			
	S FERDON BLVD			82	Street Add	ress (P.O. Box Number is Not Acceptable)		14.0 100 01 1	
	STVIEW FL 32536			83		The state of the s	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	47.7.33	
CHESTVIEW PE 32300				63				100	
	•			84	City		85 Zip	Code	
ing in	to an area	4.3			-	F			
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida	Statutes, the	above	-named corp	poration submits this statement for the purpose	of changing its	registered	
office or r	egistered agent, or both, in the State	of Florida. Such change to	was authorize 5. Florida Sta	ed by t	ne corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap-	John Control	,g,sto. 2 _	
agent. I a	m familiar with, and accept the obliga	ations of, Section oor lose	o, 1 1011da oa			•		-	
SIGNATURE	Signature, typed or printed name of registered age	not and title if applicable	(NOTE: Registere	ed Agent	signature requir	ed when reinstating) DATE	****		
12.		ND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DRS IN 12	
	D	☐ DELE	TE 1.1°	TITLE		(B) 1 (N) (A) 1	☐ Change	☐ Addition	
TITLE	WARD, FREDRICK L			NAME	1	•		ļ	
NAME					ADDRESS				
STREET ADDRESS	1820 S FERDON BLVD	9						,	
CITY-ST-ZIP	CRESTVIEW FL 32536			CITY-ST	-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
TITLE		☐ DELE		TTLE				_ ,	
NAME			2.2	NAME					
STREET ADDRESS			2.3	STREET	ADDRESS			1	
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	2.4	CITY-S	T-ŻIP				
TITLE	and the major of the		TE 3.1	TITLE			Change	☐ Addition	
NAME			3.2	NAME		t.			
1 10 253	PERMIT SELECTION		3.3	STREET	ADDRESS		1.00	राक्ष्य संदर्भः ।	
STREET ADDRESS	经国际基本的 的	_	34	CITY-S	T. 7IP	र विकास सिक्षितिक स			
CITY-ST-ZIP		☐ DELE		TITLE	·		Change	Addition	
TILE		_ 000		NAME					
NAME S ASSUM	At the se	14 2 W. J.						1	
STREET ADDRESS			4.3	STREET	ADDRESS				
CITY-ST-ZIP		****							
				CITY-S	T-ZIP		Channa	C) Addition	
TITLE		☐ DELI	TE 5.1	TILE	T-ZIP		☐ Change	Addition	
NAME		☐ DELI	5.1 5.2	TITLE			☐ Change	Addition	
NAME		☐ DELI	5.1 5.2	TITLE	T-ZIP	;	☐ Change	Addition	
NAME STREET ADDRESS	9	☐ DELI	5.1 5.2 5.3	TITLE	ADDRESS				
NAME STREET ADDRESS CITY-ST-ZIP	1)		5.1 5.2 5.3 5.4	TITLE NAME STREET	ADDRESS	;	☐ Change		
NAME STREET ADDRESS CITY-ST-ZIP TITLE	र्वे क्यांक्रिक विकास के क्यांक्रिक के क्यांक्रिक के क्यांक्रिक के क्यांक्रिक के क्यांक्रिक के क्यांक्रिक के क	☐ DELI	5.1 5.2 5.3 5.4 ETE 6.1	TITLE NAME STREET	ADDRESS	;			
NAME STREET ADDRESS CITY-ST-ZIP	1000 S FEE S 7 00 S		5.1 5.2 5.3 5.4 ETE 6.1 6.2	TITLE NAME STREET CITY-S TITLE NAME	T-ZIP	;			
NAME STREET ADDRESS CITY-ST-ZIP TITLE	1809 SIFER OF SUB- COMPLETE OF SIGN		5.1 5.2 5.3 5.4 ETE 6.2 6.3	TITLE NAME STREET CITY-S TITLE NAME	T ADDRESS T-ZIP T ADDRESS	;			

I 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 informatic 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 rustee 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 or an attachment with an approximation of the corporation of the receiver or trustee empowered.

SIGNATURE: