03-08-1999 90043 034 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000042845

MAHNKE ENTERPRISES, INC.

W ( ) ( ) ( )								
Principal Place	e of Business	Mailing Address			T THE RESIDENT COME THE PLANT CONTRACT OF THE SECOND CONTRACT OF THE	(() <b>4)4)6</b> (( <b>50</b> ) (50) <b>4</b>	188; BIJI 1881	
7280 60TH AVE N ST PETERSBURG FL 33709 ST PETERSBURG FL 33709					DO NOT WRITE IN T	UC CDACE		
					DO NOT WRITE IN TH	115 SPACE		
					3. Date Incorporated or Qualifed 05/12/1997			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	App	olied For	
21		26			59-3448608	Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u></u>		5. Certificate of Status Desired	<b>\$8.75</b> A Fee Re	I	
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Re	
23	-	28			Trust Fund Contribution	Added to		
Zíp				Country  8. This corporation owes the current year Intangible Personal Property Tax.   ✓ Yes □ No				
24	9. Name and Address of Curre		701		10. Name and Address of New Register			
	3. Teams and Addition of Control		81	Name				
MAH	inke, jeffrey w				(D.O. Davidiumber in Mat Appartable)			
7280 60TH AVE N ST PETERSBURG FL 33709			82	82 Street Address (P.O. Box Number is Not Acceptable)				
			83	83				
			84	City		85 Zip C	ode	
agent. I a SIGNATURE	m familiar with, and accept the obligation of registered age.				ad when reinstating) DATE			
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	☐ DELETE	1.1 TITLE			Change	☐ Addition	
NAME	MAHNKE, JEFFREY W		1.2 NAME					
STREET ADDRESS	ss 7280 60TH AVE N 11		1.3 STREE	TADDRESS	-		j	
CITY-ST-ZIP	ST PETERSBURG FL 33709		1.4 CITY- S	T-ZIP	***			
TITLE	☐ DELETE 2.1		2.1 TITLE			☐ Change	☐ Addition	
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREE	TADDRESS				
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP	* *		Addition	
TITLE		☐ DELETE	3.1 TITLE		- · · · · ·	Change	☐ Madrippii	
NAME			3.2 NAME					
STREET ADDRESS				T ADDRESS			}	
CITY-ST-ZIP		☐ DELETÉ	3.4. CITY-5	ST-ZIP		☐ Change	["] Addition	
TITLE			4.1 TITLE 4. 2 NAME			ononge		
NAME				T ADDRESS			Į	
STREET ADDRESS			4.4 CITY-S	ļ			. {	
CITY-ST-ZIP TITLE		□ DELETE	5.1 TITLE	11-21		Change	Addition	
NAME			5.2 NAME	}		-		

14. 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 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.

5.3 STREET ADORESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

☐ Change

☐ Addition