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

**PROFIT CORPORATION** ANNUAL REPORT

1999



DOCUMENT # PO700064085

FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

## **FILED** Feb 19, 1999 8:00 am Secretary of State 02-19-1999 90070 011 \*\*\*150.00 Katherine Harris Secretary of State

1. Corporation	n Name	0004000	,					
MLK PRO	operties, Inc.							
						<u> </u>	<u> Pirit Biril IIII</u>	
Principal Place of Business Mailing Address								
5577 CONTENTO DRIVE 5577 CONTENTO DRIVE								
SARASOTA FL 34242 SARASOTA FL 34242						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						07/24/1997		
2. Principal Place of Business 2a. Mailing Address			ddress			.4. FEI Number	Apr	plied For
21		26				65-0771773	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			t. #, etc.			5. Certificate of Status Desired	- \$8.75 A	I
22 27						0. 00	Fee Re	
City & State City & State			ate			6. Election Campaign Financing	\$5.00	
23 28						Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip		Country		8. This corporation owes the current year Int		□No
24	25	29	30	<u>'l</u>		Personal Property Tax.  10. Name and Address of New Registered		<u> </u>
Name and Address of Current Registered Agent					Name	10. Name and Address of New Registered	ngoin	
REIN	IICKE, STEPHANIE A							
1800 SECOND STREET			82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
SUITE 803				83				<del> </del>
SARASOTA FL 34236							· ·	
				84	City	FL	85 Zip C	Code
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, F	lorida Statutes,	the above	I e-named corp		changing its	registered
office or r	egistered agent, or both, in the Stat	e of Florida. Such ch	nange was auth 07 0505. Florida	orized by Statutes	the corporation	oriation submits this statement for the purpose of on's board of directors. I hereby accept the appoint	ntment as reg	gistered
	III lamillar with, and accept the con-	jations of, obolion of	07.0000, 1701.00		•			
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable.	(NOTE: Re	gistered Ager	nt signature required	od when reinstating) - DATE		
12.	· - · · · · · · · · · · · · · · · · · ·	AND DIRECTORS	7	13.	· .	ADDITIONS/CHANGES TO OFFICERS AT	···	
TITLE	ST	L	] DELETE	1.1 TITLE			Change	☐ Addition
NAME	GLADSTONE, ROBERT			1.2 NAME		•		l
STREET ADDRESS	5577 CONTENTO DRIVE			1.3 STREE	T ADDRESS			
CITY-ST-ZIP			1.4 CITY-S	T-ZIP		. Change	Addition	
TITLE	_		2.1 TITLE			□ Cuange	☐ Addition	
NAME	<i>32 1 3 1 3 1 1 1 1 1 1 1 1 1 1</i>		2.2 NAME					
STREET ADDRESS	5577 CONTENTO DRIVE			2.3 STREE				
CITY-ST-ZIP	SARASOTA FL 34242		DELETE	2. 4 CITY-5 3.1 TITLE	ST-ZIP		Change	Addition
TITLE		L	JOELETE					
NAME				3.2 NAME 3.3 STREE	r +0000000			
STREET ADDRESS				3.4. CITY-5				Į
CITY-ST-ZIP TITLE		Г	] DELETE	4,1 TITLE	51-ZIP		Change	Addition
			3 0000.0	4. 2 NAME		•		_
NAME STREET ADDRESS				4.3 STREE	TADDRESS			j
CITY-ST-ZIP				4.4 CITY-S				i
TITLE			DELETE	5.1 TITLE			Change	Addition
NAME				5.2 NAME	ľ			1
STREET ADDRESS				5.3 STREE	TADORESS			
CITY-ST-ZIP				5.4 CITY-S	T-ZIP			
TITLE			DELETE	6.1 TITLE			Change	Addition
NAME				6.2 NAME				ĺ
STREET ADDRESS				6.3 STREE	ADDRESS			.
CITY OF 71D				6.4 CITY-S	T-7IP			1

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 ottact ment with A address, with all other like empowered.

SIGNATURE: