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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000083336 (2)

MSK FINANCIAL INC.

FILED May 08 1998 8:00am Secretary of State



Principal Pl	ace of Business	Mailing Address				I IODIKOBI KIO INIII KOOKI DAKII ODIII GOIII GOIII GOIII G			E OM MON	
1717 2ND SARASOTA	ST., STE, D A FL 3423 6	1717 2ND ST., STE. D SARASOTA FL 34236			DO NOT WRITE IN THI	S SPACE	Ē			
						3. Date Incorporated or Qualified				\neg
						09/24/1997				-
	Place of Business	2a. Mailing Address				4. FEI Number		Ap	plied For	
21		26				65-0782939		Not Applicable		
Suite, Ap	OL #, etC.	Suite, Apt. #, etc.	 			5. Certificate of Status Desired	Desired Sa.75 Additional Fee Required			
City & St	late	City & State	City & State			6. Election Campaign Financing	\$!	5.00	May Be	7
23		28				Trust Fund Contribution			o Fees	
Zip	Country	7φ	Соц	ntry		8. This corporation owes or has paid the c	urrent ye	ar Inte	angible	
24	25	29	30			Personal Property Tax due June 30.				
	g. Name and Address of Curr	ent Registered Agent		221		10. Name and Address of New Registere	J Agent			4
	CICERO, LISA B			81 Na	sme					
777 BRICKELL AVE., STE. 950 MIAMI FL 33131				82 St	reet Addre	ess (P.O. Box Number is Not Acceptable)				٦
	WWW. 1 E 00101			83					, , .	7
I				64 Ci	ty	F	85	Zip C	ode	1
OTTICE O	nt to the provisions of Sections 607.09 or registered agent, or both, in the Sta I am familiar with, and accept the obt	te of Florida. Such change was	s authorized	i by the	med corpo corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of chang pointme	jing its int as i	registered registered	
SIGNATURE		griderio di, obditeri dar ibode, i	i ionaa biiii	noo.						
SIGNATURE	Signature, typed or printed name of registered a	igent and trio if applicable (Ni	OTE Registered	Agent sig	nature require	d when reinstating) DATE				۱,
12.	OFFICERS A	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRE	CTOR	S IN 12	
TITLE	D	DELETE	1.1 1(1	1.1 TITLE			☐ Ch	ange	Addition	ាទ
NAME	KURZ, JOHN	-	1.2 NA	MÉ						12
STREET ADDRESS			1.3 STI	reet ador	ESS					18
CITY-ST-ZIP	SARASOTA FL 34236		1.4 CIT	Y-ST-ZIP						_ 8
TITLE	D	DELETE	2.1 TIT	LE	[☐ Ch	ange	Addition Addition	۱۱۲
NAME	SHENKIN, RONALD R		2.2 NA	ME	1					
STREET ADORESS		;		2.3 STREET ADDRESS						
CITY-ST-ZIP	SARASOTA FL 34236			Y-ST-ZIF	<u>' </u>	· · · · · · · · · · · · · · · · · · ·				
TITLE	D NEW ALCOHOLD AND ALC	☐ DELETE	3.1 TIT				Ch	ange	☐ Addition	'
NAME	MALAMUD, NEIL N		3.2 NA							
STREET ADDRESS	1 11 11 -11 -11 11 11 11			REET ADDR						
CITY-ST-ZIP	SARASOTA FL 34238	DELETE		Y - ST - ZIP	<u> </u>				1	4
TITLE		☐ DELETE	4.1 TH				L Ch	ange	☐ Addition	<u>'</u>
NAME			4. 2 NA	-						1
STREET ADDRESS	°			EE1 ADDR	ESS					
CITY-ST-ZIP		Dr. cre		Y-ST-ZIP					T	4
TITLE	1	DELETÉ	5.1 TIT				Ch.	ange	☐ Addition	<u>' </u>
NAME OTDECT ADDRESS	. [5.2 NAI							
STREET ADDRESS	>			EET ADDR	ESS					
CITY-ST-ZIP		Nutre		Y-\$T-ZIP			17 6.		A 1400	4
TITLE		☐ DELETE	6.1 111				☐ Ch	ange	☐ Addition	
NAME STREET LOOPING	.]		6.2 NA							
STREET ADDRESS	'			EET ADDRI	ESS					
CITY-ST-ZIP			6.4 CIT	Y-ST-ZIP						_]

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 attractment with an address.