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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 # PA700016 5764

1. Corporation Name

MK S WAREHOUSE ENTERPRISES, INC

Principal Place of Business

Mailing Address

1100 COMMERCIAL BLVD
 NAPLES, FL. 34104

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

6/98

4. FEI Number

59-3483491

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

8. This corporation owes the current year Intangible
 Personal Property Tax.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MARTIN D. SCHMAYER
 260 MONTEROY DR
 NAPLES, FL. 34119

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Martin Schmayer

4/30/99

(NOTE: Registered Agent signature required when resigning)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	MARTIN D. SCHMAYER	12 NAME	
STREET ADDRESS	260 MONTEROY DR	13 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34119	14 CITY-ST-ZIP	
TITLE	SEC & TREASURER ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	KATHERINE GOODMAN	22 NAME	
STREET ADDRESS	260 MONTEROY DR	23 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34119	24 CITY-ST-ZIP	
TITLE	VP ☒ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	SAM GOODMAN	32 NAME	
STREET ADDRESS	260 MONTEROY DR	33 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34119	34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 an authorized agent, with all other like empowered

CR2E034 (11/98)