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 # P98000015086

MLK DEVELOPMENT, INC.

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90081 014 ***150.00



					<u> </u>		\$\$ 0 1
Principal Place	e of Business	Mailing Address					
2050 NORTH BAY ROAD MIAMI BEACH FL 33140		2050 NORTH BAY ROAD MIAMI BEACH FL 33140				IN THIS SPACE	
		•			3. Date Incorporated or Qualifed]
	•	•			02/16/1998		
2 Principal D	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
	lace of Business	⊢ ,			65-0829025		Not Applicable
21	# 410	Suite Ant # etc	Suite, Apt. #, etc.		63-00-1-22		5 Additional
Suite, Apt. #, etc.		27		5. Certifcate of Status Desired		Required	
22 City & Stat		City & State		6. Election Campaign Financing 55.00 May Be			
		28		Trust Fund Contribution	1	ed to Fees	
Zip	Country	Zip	Counti		8. This corporation owes the current	vear Intangible	
	25	29 30	_	•	Personal Property Tax.	☐Yes	No
24	9. Name and Address of Currer	<u> 1 - 7 1</u>	'		10. Name and Address of New Reg	stered Agent	/
	· · ·	11109.0101	8	1 Name			
VALI	DES-FAULI CORPORATE SERVIC	CES, INC.			CO Day Novel 1 to 1 to 1 to 1	`	
	EAST BROWARD BLVD. STE. 1		8	2 Street Add	lress (P.O. Box Number is Not Acceptable		
	LAUDERDALE FL 33394		8	3			
• • • •	D TO DET ID THE TE TO TO T		ľ	Ĭ			
			8	4 City	,	FL 85 Z	ip Code
11. Pursuant	to the provisions of Sections 607 050	2 and 607.1508. Florida Statutes.	the abo	ve-named corp	poration submits this statement for the pur	nose of changing	its registered
office or c	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was auth	iorized b	v the comorati	ion's board of directors. I hereby accept the	e appointment as	registered
SIGNATURE						DATE	
	Signature, typed or printed name of registered age		gistered Ag	ent signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICE		TORS IN 12
12.		ID DELETE	1.1 TITLE		ADDITIONS/OF ARGES TO 0.710	☐ Chang	
TITLE	D	Z betere	1,2 NAME			٠.٠٠	,
NAME .	MELK, DANIEL		E .				
STREET ADDRESS	2050 NORTH BAY ROAD		1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI BEACH FL 33140		1.4 CiTY-ST-ZiP			Chang	ge Addition
TITLE		□ DELÉT E	2.1 TITLE			L_J Crian	ge CJ Addison
NAME			2.2 NAME				
STREET ADDRESS			2.3 STRE	ET ADDRESS			1
CITY-ST-ZIP			2. 4 CITY	-ST-ZIP	<u></u>		Addition
TITLE	,	□DELĒTE	3.1 TITLE			☐ Chan	ge 🗌 Addition
NAME			3.2 NAME	■			Ì
STREET ADDRESS			3.3 STRE	ET ADORESS			
CITY-ST-ZIP			3.4. CITY	-ST-ZIP			
TITLE		☐ DELETE	4,1 TITLE			☐ Chan	ge
NAME			4, 2 NAM	E			
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP		•		
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	5.1 TITLE			Chan	ge Addition
NAME		_	5.2 NAME				
	."		5.3 STRE	ET ADDRESS		•	1
STREET ADDRESS			5.4 CITY-				
CITY-ST-ZIP 💀		☐ DELETE	6.1 TITLE			Chan	ge
TITLE			6.2 NAME			. سارت پ	
NAME							i
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·			ETADDRESS			
CITY-ST-ZIP			6.4 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

GRAVITE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28/19 (954)525-122

;R2E034 (11/98)