**PROFIT** CORPORATION<sup>1</sup> ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000067205

1. Corporation Name

MJK CONSTRUCTION, INC.

## **FILED** May 05, 1999 8:00 am Secretary of State

05-05-1999 90051 008 \*\*\*150.00



Principal Plac	cé of Business	Mailing A	aaress							
5600 MARINER	R STREET	5600 MARI	5600 MARINER STREET							
#200		#200					DO NOT INDITE IN THE	00405		
TAMPA FL 33609		TAMPA FL	TAMPA FL 33609				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporat	ed or Qualifed			
						07/29/1998				
2. Principal F	Place of Business	Za. Mailing	g Address	NEITSA	LAZ A	4. FEI Number	2074254	<del>`</del>	plied For	
21 640/	S. WESTSHORE			אני נשעו	VKE "	1324 31-	554121		t Applicable	
Suite, Apt.	. #, etc.	Suite,	Suite, Apt. #, etc.			5. Certifcate of Sta	ntus Desired	•	Additional	
22		27							equired	
City & State AMPO, FL.		· City &	City & State			· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing \$5.00 May Be			
23		20					Trust Fund Contribution Added to Fees			
Zip 33	Country	Zip	F-6	Country		1	owes the current year In		77/11-	
24 24	25 4	29	<del></del>	30 2	15.	Personal Prope	<del></del>	Yes	No.	
	9. Name and Address of	Current Registered A	Agent	81	Name	tu. Name and Add	lress of New Registered	Agent		
KIII	IKOWSKI, MIKE J			*'	Ivame					
5600 MARINER STREET				82	Street	Address (P.O. Box Number	is Not Acceptable)	10. 7	×1522	
#20					<del></del>	61 S. WES	ATHORE DO		1700	
	· <del>-</del>			83						
IAN	/PA FL 33609			84	City			85 <del>Z</del> in (	Code / 2	
					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	TAMPA	F١	.  **  53	616	
office or agent. I a		e State of Florida, Suc e obligations of, Section	h change was au n 607,0505, Flori	thorized by da Statute:	the corps	oration's board of directors.	I hereby accept the appo	intment as re	gistered	
12.	Signature, typed of printed same of region	Stered agent and title if applicable ERS AND DIRECTORS		13.	nt signature i		NGES TO OFFICERS A	ND DIRECTO	RS IN 12	
TITLE	PST	ERS AND DIRECTORS	DELETE	1.1 TITLE		ADDITIONS/CIT	~	Chance	Addition	
	KULIKOWSKI, MIKE J		EII OLLETE	1.2 NAME			·		_	
NAME	FOOD MADINED CEDEEL	44500		B	T.1000500	Cunt 5 to		BLUD 7	1000	
STREET ADDRESS	1	, # IJEE			T ADDRESS	Tamen	F1 33/12	4		
CITY-ST-ZIP	TAMPA FL 33609	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	1.4 CITY-5	T-ZIP	902 CORNITAMPA FC	<u> </u>	Change	☐ Addition	
TITLE	PST	ı4	-T DELETE	2.1 TITLE		902 CORNI	ELIUS AUC	Change	C Vaningii	
NAME	KULIKOWSKI	MICHAEL	- 4	2.2 NAME		Fr. San Fr.	33603	•		
STREET ADDRESS	;			2.3 STREE	TADDRESS	PAMPATIC			•.	
CITY-ST-ZIP -	<u> </u>			2.4 CITY-	ST-ZIP				□ A -1 474°	
TITLE			☐ DELETE	3.1 TITLE				Change	☐ Addition	
NAME				3.2 NAME						
STREET ADDRESS	3			3.3 STREE	T ADDRESS					
CiTY-ST-ZIP				3.4 CITY-	ST-ZIP					
TITLE			☐ DELETE	4.1 TITLE				Change	Addition	
NAME				4. 2 NAME						
STREET ADDRESS				4.3 STREE	T ADDRESS					
CITY-ST-ZIP				4.4 CITY-5	T-ZIP					
TITLE			DELETE	5.1 TITLE				Change	Addition	
NAME				5.2 NAME						
STREET ADDRESS	3			5.3 STREE	T ADDRESS					
CITY-ST-ZIP				5.4 CITY-5	T-ZIP					
TITLE			☐ DELETE	6.1 TITLE	•			Change	☐ Addition	
NAME	1			6,2 NAME						
	1			0,2 TO-1VIL						
STREET ADDRESS					TADDRESS					

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 ether like empowered.

**SIGNATURE:**