

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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90066 018 ***150.00

DOCUMENT # P98000079232

1. Corporation Name.
MIKASUKI, INC.

Principal Place of Business
6332 N. 39TH ST
HOLLYWOOD FL 33024

Mailing Address
6332 N. 39TH ST
HOLLYWOOD FL 33024



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Seminole Health Clinic

Suite, Apt. #, etc.

22 3006 Josie Billie Ave.

City & State

23 Hollywood, FL

Zip

Country

24 33024

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

09/14/1998

4. FEI Number

650865745

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

OLIN, MITCHELL J ESQ
1290 E. OAKLAND PARK BLVD, STE 101
FORT LAUDERDALE FL 33334

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVST ☒ DELETE

NAME OSCEOLA, MOSES

STREET ADDRESS 6332 N. 39TH ST
CITY-ST-ZIP HOLLYWOOD FL 33024

TITLE D ☒ DELETE

NAME OSCEOLA, MOSES

STREET ADDRESS 6332 N. 39TH ST
CITY-ST-ZIP HOLLYWOOD FL 33024

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PVST ☒ Change ☐ Addition

1.2 NAME Osceola, Sandra

1.3 STREET ADDRESS 6332 N. 39th St.
1.4 CITY-ST-ZIP Hollywood, FL 33024

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME Osceola, Sandra

2.3 STREET ADDRESS 6332 N. 39th St.
2.4 CITY-ST-ZIP Hollywood, FL 33024

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 all other like empowered.

SIGNATURE:

MOSES OSCEOLA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/99

Date

954-964-9896

Daytime Phone #

0143653

CR2E034 (11/98)