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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

98000106568

2. Principal Place of Business

/6/9 Suite, Apt. #, etc.

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MEDITERRANEAN KING GROUP, INC.

Principal Place of Business	Mailing Address
in the second second	751 S.W. 1134 WAY
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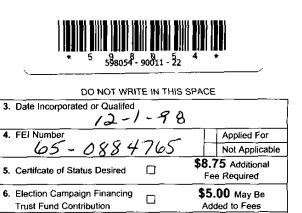
2a. Mailing Address

City & State

Suite, Apt. #, etc.

FILED Jul 29, 1999 8:00 am Secrétary of State

07-29-1999 90011 022 \*\*\*150.00



8. This corporation owes the current year Intangible

**□**Mo 29 30 Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CHIRKOVICH 5. W. 113 th WAY 82 Street Address (P.O. Box Number is Not Acceptable) Pemprote Pines. 7 la 33025 83 84 City Zip Code 85

Country

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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	le. (NOTE: Re	gistered Agent signature	equired when reinstating)	DATE			
12.	OFFICERS AND DIRECTORS	3	13.	ADDITIONS/CHANGES	TO OFFICERS AND DIF	RECTOR	S IN 12	
TITLE	PRESIDENT.	☐ DELETE	1.1 TITLE			hange	☐ Addition	
NAME	PASE CHIPKOUICH		1.2 NAME					
STREET ADDRESS	7515.W. 113th Way Pembroke Pines 7/a		1.3 STREET ADDRESS					
CITY-ST-ZIP	Pembrohe PINES 7/a	33025	1.4 CITY-ST-ZIP					
TITLE	VICE PRESIDENT ALEX CHIRKOVICH 7515.W.113 + Way Pembrohe Pines. Ha	DELETE	2.1 TITLE			hange	☐ Addition	
NAME	Alex CHIRKOVICH		2.2 NAME					
STREET ADDRESS	7515.W.113 HWAY		2.3 STREET ADDRESS					
CITY-ST-ZIP	Pengrohe Pines, Ha	33225	2. 4 CITY-ST-ZIP					
TITLE		DELETE	3.1 TITLE			hange	Addition	
NAME			3.2 NAME					
STREET ADDRESS	·	•	3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4. CITY-ST-ZIP					
TITLE		DELETE	4.1 TITLE			hange	Addition	
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STREET ADDRESS			4.3 STREET ADDRESS				ì	
CITY-ST-ZIP		···—	4.4 CITY-ST-ZIP	·				
me		☐ DELETE	5.1 TTTLE		□c	hange	☐ Addition	
NAME (			5.2 NAME				{	
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST-ZIP					
TITLE	· · · · ·	☐ DELETE	6.1 TITLE		□c	hange	Addition	
NAME			6.2 NAME				Ì	
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-\$T-ZIP		•	6.4 CITY-ST-ZIP				ľ	

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 507. 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.

P98000106568 598054-9011-55

To whom it may concern

I never received a annual report so I had to request a blank report. There was a problem with the address which is now resolved. Enclosed is a check for \$150.00 for the annual fee.

Thanks Alex Chirkovich