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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V64789** **(3)**

1. Corporation Name
M.K. AT THE VINEYARDS, INC.

Principal Place of Business	*Mailing Address*
2375 TAMIAMI TR N 208 NAPLES FL 33940 US	2375 TAMIAMI TR N 208 NAPLES FL 34103-4439 US

3. Date Incorporated or Qualified: 09/16/1992
3a. Date of Last Report: 01/23/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.: 22 3838 TAMIAMI TR. N., #410
City & State: 23 NAPLES, FL
Zip: 24 34103 Country: 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc.: 27 3838 TAMIAMI TR. N., #410
City & State: 28 NAPLES, FL
Zip: 29 34103 Country: 30 USA

4. FEI Number: 65-0365905 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CHEFFY, JANE Y
2375 TAMIAMI TR N
207
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name: J. THOMAS CONROY III
82 Street Address (P.O. Box Number is Not Acceptable): 975-6TH AVENUE So.
83: SUITE 101
84 City: NAPLES FL 85 Zip Code: 33940

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: _____ DATE: 2/7/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	KESSOUS, MICHAEL J.		1.2 NAME		
STREET ADDRESS	2375 TAMIAMI TR N, #208		1.3 STREET ADDRESS	3838 TAMIAMI TR. N., #410	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	NAPLES, FL 34103	
TITLE	ST	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	KESSOUS, MICHAEL J.		2.2 NAME		
STREET ADDRESS	2375 TAMIAMI TR N, #208		2.3 STREET ADDRESS	3838 TAMIAMI TR. N., #410	
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP	NAPLES, FL 34103	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: _____ 1-23-97 941-649-1230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0411514