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 # **V67145**

. Corporation Name

M.L.K. ENTERPRISES, INC.

| | - | | | | | | | | ## R | |
|---|---|---------------------|--------------------|--------------------|------------------|-------------------------------|--|-----------------------|--------------|--|
| Principal Place | of Business | Mailing Addres | SS | | | | | *** 01011 616** 01011 | | |
| 1808 W INT L SPDWY BLVD 1808 W INT L SPDWY BLVD | | | | | | | | | | |
| #303 #303 DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114 | | | | | | | DO NOT WRITE IN THIS SPACE | | | |
| us | | | | | | | 3. Date Incorporated or Qualifed | | | |
| Principal Place of Business 2a. Mailing Address | | | | | | - 1 | 4. FEI Number | A | pplied For | |
| 26 | | | | | | 59-3141889 | N | ot Applicable | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | | 5. Certifcate of Status Desired | | Additional | |
| 27 | | | | | | | | Fee R | tequired | |
| City & State City & State | | | e | | | | 6. Election Campaign Financing | \$5.00 | May Be | |
| 23 28 | | | | | | | Trust Fund Contribution Added to Fees | | | |
| Zip | Country | Zip | | Country | | | 8. This corporation owes the current year | Intangible | | |
| 24 | 25 29 30 | | | | | Personal Property Tax. Yes No | | | | |
| | 9. Name and Address of Curren | t Registered Agen | t | | | 1 | Name and Address of New Register | ed Agent | | |
| | | | | 81 | Name | | | | | |
| FRAN | NKOVICH, BARBARA L | | | 82 | Stroot A | ddroce | (P.O. Box Number is Not Acceptable) | | | |
| 1808 W. INT'L SPDWY BLVD | | | | 62 | SHEELA | (UUI CSS | (F.O. Box Number is Not Acceptable) | | } | |
| SUITE #303 | | | | 83 | | | | | | |
| DAY | TONA BEACH FL 32114 | | | | | | | 11 - | | |
| | | | | 84 | City | | F | = | Code | |
| 44 Discourant | to the provisions of Sections 607.050 | 12 and 607 1508 Flo | orida Statutes th | e ahov | e-named o | corporat | ion submits this statement for the purpose | of changing it | s registered | |
| 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. 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | | | | | |
| SIGNATURE | | | | | | | n reinstatino) DATE | -11 | { | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register 12. OFFICERS AND DIRECTORS | | | | tered Ager | nt signature re- | equirea wne | ADDITIONS/CHANGES TO OFFICERS | | ORS IN 12 | |
| 12. | P OFFICERS AN | | | .1 TITLE | | | ABBITTOTION OF THE CONTROL OF THE CO | Change | | |
| TITLE | • | | | | | | | _ , | _ | |
| NAME FRANKOVICH, BARBARA L | | | 1,2 NAME | | | | | | | |
| STREET ADDRESS 2455 INTERNATIONAL SPEEDWAY BLVD 807 | | | 1.3 STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | DAYTONA BEACH FL | | | I.4 CITY+S | T-ZIP | | | ☐ Change | Addition | |
| TITLE | VP | Ļ | 1 | 2.1 TITLE | | | | Change | | |
| NAME | FRANKOVICH, RONALD F | | : | 2.2 NAME | | | | | | |
| STREET ADDRESS | | | | 2.3 STREET ADDRESS | | | • | | | |
| CITY-ST-ZIP | DAYTONA BEACH FL | | | 2.4 CITY-8 | ST-ZIP | | | | <u> </u> | |
| TITLE | • • • | | DELETE | 3.1 TITLE | | | | Change | Addition | |
| NAME | | | : | 3.2 NAME | | | | | | |
| STREET ADDRESS | | | | 3.3 STREE | TADDRESS | | | | | |
| CITY-ST-ZIP | | | | 3.4. CITY-5 | ST-ZIP | | | | | |
| TITLE | | | DELETE | 1.1 TITLE | | | | Change | Addition | |
| NAME | | | Į, | 4. 2 NAME | | | | | | |
| STREET ADDRESS | | | Į, | 4.3 STREE | T ADDRESS | | | | } | |
| CITY-ST-ZIP | | | į. | 1.4 CITY-S | IT-ZIP | | | | | |
| TITLE | | | | 1 TITLE | İ | | | ☐ Change | ☐ Addition | |
| NAME | | | | 5.2 NAME | | | • | | | |
| STREET ADDRESS | | | | 5.3 STREE | TADDRESS | | | | } | |
| CITY-ST-ZIP | | | | 5.4 CITY-S | t-ZIP | | | | | |
| | ICSH HAVOL IF IS IF | | DELETE | 3.1 TITLE | | | | ☐ Change | ☐ Addition | |
| | BURNES CONTRACTOR OF THE STATE | _ | • | 5.2 NAME | | | | | | |

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 sh an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS 3

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99 (904)257-5394

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90063 027 ***150.00

Daytime Phone