

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V69700** (5)
1. Corporation Name
M.S.D.J.K. INC.



Principal Place of Business
**6121 NW 60TH AVENUE
PARKLAND FL 33061**

Mailing Address
**6121 NW 60TH AVENUE
PARKLAND FL 33061**

3. Date Incorporated or Qualified
10/05/1992

3a. Date of Last Report
07/25/1995

2. Principal Place of Business
21 **2201 W. SAMPLE RD**

2a. Mailing Address
25 **2201 W. SAMPLE RD**

Suite, Apt., etc.
22 **BID #9 - STE. 3B**

Suite, Apt., etc.
27 **BID #9 - STE. 3B**

City & State
23 **POMPANO BEACH, FL**

City & State
28 **POMPANO BEACH, FL**

Zip
24 **33073**

Zip
29 **33073**

4. FEI Number
65-0377353

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

10. Name and Address of New Registered Agent

LEVY, MARK
6121 NW 60TH AVE.
PARKLAND FL 33067

81 Name **Michelle R. ABRAMSON, ESQ**
82 Street Address (P.O. Box Number is Not Acceptable)
2201 W. SAMPLE RD.
83 **BID #9 - STE. 3B**
84 City **POMPANO BEACH FL** 85 Zip Code **33073**

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 *Michelle R. Abramson*

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	<input type="checkbox"/> DELETE
NAME	LEVY, MARK
STREET ADDRESS	6121 NW 60TH AVE.
CITY - ST - ZIP	PARKLAND FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2201 W. SAMPLE RD
1.4 CITY - ST - ZIP	BID #9 - STE 3B
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	POMPANO BEACH, FL
2.4 CITY - ST - ZIP	33073
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Levy Pres. **MARK LEVY** 4/20/96 954-984-0444

Day

Daytime Phone #

CR2E034 (12/95)