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Mar 16, 1999 8:00 am Secretary of State

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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 1/74

1. Corporation Name MKS REALTY, INC.	U				
Principal Place of Business	Mailing Address			Dit Atari bibli dibit bi	BAL MIMIT IMBI
3803 NE 12 AVE POMPANO BEACH FL 33064 US	3803 NE 12TH AVE POMPANO BEACH FL 33064 US		DO NOT WRITE IN T  3. Date Incorporated or Qualifed  10/15/1992	HIS SPACE	
2. Principal Place of Business	2a, Mailing Address		4. FEI Number	App	lied For
21	26		65-0363392	Not	Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
22	27	· <u></u>		- ree neu	<u>'</u>
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 h Added to	
Zip Country		Country	This corporation owes the current year		71003
24 25	<u> </u>	30	Personal Property Tax.		□No
9. Name and Address of Cui			10. Name and Address of New Register	red Agent	
MICHAEL MCKNOUGH-SMITH 3803 NE 12TH AVE. POMPANO BEACH FL 33064		81 Name 82 Street Add	ress (P.O. Box Number is Not Acceptable)		
		84 City		85 Zip C	ode
11 Pursuant to the provisions of Sections 607.	USUZ and bu7.1508. Florida Statutes	s. the above-named con-		e or orienging no i	agistorea
agent. I am familiar with, and accept the ob-	Silgations of, Section 607.0305, Florid	thorized by the corporati da Statutes. Registered Agent signature require	oration submits this statement for the purpose on's board of directors. I hereby accept the appropriate of when reinstating)	Bry 10	istered 399
agent. I am familiar with, and accept the ob-	Silgations of, Section 607.0305, Florid	da piantes.	JAN	B <sup>rt</sup> 10	399
agent. I am familiar with, and accept the ob-	agent and title if applicable. (NOTE: 6	Registered Agent signature require	Java dwhen reinstating) DATE	B <sup>rt</sup> 10	399
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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 an address, with all other life empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

Daytime Phone #