

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

**FILED**  
**Feb 16 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000033296 (2)**  
 1. Corporation Name  
**MKE'S MARKET, INC.**



Principal Place of Business <b>1915 34TH STREET NW WINTER HAVEN FL 33881</b>	Mailing Address <b>1915 34TH STREET NW WINTER HAVEN FL 33881</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/02/1994</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3239751</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent <b>HARRIS, ROBERT M 8967 GOLDEN GATE BLVD POLK CITY FL 33868</b>				10. Name and Address of New Registered Agent	
				81 Name <b>SOON MI KIM</b>	
				82 Street Address (P.O. Box Number is Not Acceptable) <b>2070 HOMEMOOD BLVD. #308</b>	
				83	
				84 City <b>DELRAY BEACH</b>	85 Zip Code <b>33445</b>

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 Soon Mi Kim Sandra B. Mortham 2-10-98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PSTD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>HARRIS, ROBERT M</b>		1.2 NAME <b>SOON MI KIM</b>	
STREET ADDRESS <b>8967 GOLDEN GATE BLVD</b>		1.3 STREET ADDRESS <b>2070 HOMEMOOD BLVD. #308</b>	
CITY-ST-ZIP <b>POLK CITY FL 33868</b>		1.4 CITY-ST-ZIP <b>DELRAY BEACH FL 33445</b>	
TITLE <b>VSTD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HARRIS, DONNA G</b>		2.2 NAME <b>ROBERT M. HARRIS</b>	
STREET ADDRESS <b>8967 GOLDEN GATE BLVD</b>		2.3 STREET ADDRESS <b>8967 GOLDEN GATE BLVD.</b>	
CITY-ST-ZIP <b>POLK CITY FL 33868</b>		2.4 CITY-ST-ZIP <b>POLK CITY FL 33868</b>	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE: R. M. Harris S. B. Mortham 2-10-98 941-967-6201  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0420225

CPE0034 (10/97)