

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 459096 (4)
1. Corporation Name
MAI KING, INC.



Principal Place of Business
8503 W. HILLSBOROUGH
TAMPA FLORIDA FL 33615

Mailing Address
8503 W. HILLSBOROUGH
TAMPA FLORIDA FL 33615

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 3605 S. Himes Ave.		08/05/1974	
22 City & State		27 Tampa, FL		4. FEI Number	
23 Zip		28 33629		59-1668045	
24 Country		29 Hillsboro		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JAY, KAR 8503 WEST HILLSBOROUGH AVENUE TAMPA FLORIDA FL 33615				81 Name Jay, Kar			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				3605 S. Himes Ave.			
				Tampa, FL 33629			
				84 City			
				Tampa, FL 33629			
				85 Zip Code			
				33629			

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 *Kar Jay* X Apr. 23 1998
Signature, typed or printed name of registered agent and office, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JAY, KAR			1.2 NAME	Jay, Kar		
STREET ADDRESS	8503 WEST HILLSBOROUGH AVENUE			1.3 STREET ADDRESS	3605 S. Mines Ave.		
CITY-ST-ZIP	TAMPA FL 33615			1.4 CITY-ST-ZIP	Tampa, FL 33629	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE			
NAME	NG, PETER			2.2 NAME			
STREET ADDRESS	1001 LAKE COOPER DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	LUTZ FL			2.4 CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KAM, VICTOR			3.2 NAME			
STREET ADDRESS	8503 WEST HILLSBOROUGH AVENUE			3.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33615			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 *Kar Jay* X Apr. 23 1998 X 213 930210

CR2E034 (10/97)