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May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 698558
1. Corporation Name
SUN LOK CORP.

(4)



Principal Place of Business
C/O SUN MAY LOK
13290 WEST DIXIE HIGHWAY
NORTH MIAMI FL 33161

Mailing Address
C/O SUN MAY LOK
13290 WEST DIXIE HIGHWAY
NORTH MIAMI FL 33161-4133

3. Date Incorporated or Qualified 08/06/1981	3a. Date of Last Report 08/09/1996
4. FEI Number 59-2119291	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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

LOK, SUN MAY
13290 WEST DIXIE HIGHWAY
NORTH MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 _____
Signature: typed or printed name of registered agent and title if applicable (NOTE - Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	LOK, SUN MAY	☐ DELETE	
STREET ADDRESS	13290 W DIXIE HWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	LOK, FAI V.P.
STREET ADDRESS		2.3 STREET ADDRESS	1699 N.E. 171 STREET
CITY-ST-ZIP		2.4 CITY-ST-ZIP	N.M.B. FL. 33162
TITLE		3.1 TITLE	Secretary
NAME		3.2 NAME	Wesley LOK
STREET ADDRESS		3.3 STREET ADDRESS	1699 N.E. 171 ST.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	N.M.B. FL. 33162
TITLE		4.1 TITLE	Treasurer
NAME		4.2 NAME	WARREN LOK
STREET ADDRESS		4.3 STREET ADDRESS	1699 N.E. 171 ST.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	N.M.B. FL. 33162
TITLE		5.1 TITLE	Director
NAME		5.2 NAME	LOK, YIEW HUNG
STREET ADDRESS		5.3 STREET ADDRESS	1699 N.E. 171 ST.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	N.M.B. FL. 33162
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 _____ DATE _____

CRZE034 (9/96)