CR2E034 (11/98)

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEF'ARTMENT OF STATE

## Katherine Harris

Secr∈tary of State DIVISION OF CORPORATIONS

## **FILED** Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90030 016 \*\*\*150.00

## **DOCUMENT # 698558** 1. Corporation Name

SUN LOK CORP.

Principal Flace of Business	Mailing Address

C/O SUN MAY LOK C/O SUN MAY LOK 13290 WEST DIXIE HIGHWAY 13290 WEST DIXIE HIGHWAY NORTH MIAMI FL 33161 NORTH MIAMI FL 33161



NORTH MIAMI FL 33161	NORTH MIAMI FL 33161	DO NOT WRITE IN THIS SPACE		
	al Con Mar lat	3. Date Incorporated or Qualifed	i	
	4/0 SUN MAY LO!			
2. Principal Place of Business	2a. Mailing Address	4. FEI Number Applied F	or	
21	26 1699 N.E. 7 ST			
Suite, F pt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired Security Fee Required		
City & State	City & State PL.	6. Electic n Campaign Financing Trust Fund Contribution  \$5.00 May B Added to Fees		
Zip Country  24 25	Zip 33/62 Gountry	8. This corporation owes the current year Intangible Personal Property Tax.		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				
LOK, SUN MAY	81 Name	LOK, SUN MAY		
13290 WEST DIXIE HIGHWAY		Street Acdress (P.O. Box Number is Not Acceptable)  STreeT  STreeT		
NORTH MIAMI FL 33161	83			
	84 City	1.M.B. FL 85 Zip Code 33/6	2	

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 nuthorized by the corporation's board of cirectors. I hereby accept the appointment as registered

agent. ar	n ramiliar with, and accept the obligations of, St		ua Statutes.		1 0 - C	2
SIGNATURE	Signature, typed or printed haine of registered agent, and title if ag	Colicable (NOTI : 6	Registered Agent signature re	ou (ed when reinstating) DAT	4-25-9	7
12.	OFFICERS AND DIRECT		13.	S / ND DIRECTOR	S IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	Pb	<b>⊉</b> €hange	Addition
NAME	LOK, SUN MAY		1.2 NAME	Lok, Sun 1449	m	i
STREET ADDRESS	13290 W DIXIE HWY		13 STREET ADDRESS	1699 N.E. 171	Sireel.	'
CITY-ST-ZIP	NORTH MIAMI FL		1.4 CITY- ST-ZIP	LOK SUN MAY 1699 NE 171 NMB FL	33162	
TITLE	VP	☐ DELETE	2.1 TITLE	1,	Change	
NAME	LOK, FAI		2.2 NAME			
STREET ADDRESS	1699 NE 171ST ST		2.3 STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI BEACH FL		2.4 CITY-ST-ZIP		33162	
TITLE	S	DELETE	3.1 TITLE		Change	Addition
NAME	LOK, WESLEY		32 NAME			i
STREET ADDRESS	1699 NE 171ST ST		3.3 STREET ADDRESS		1221/2	
CITY-ST-ZIP	NORTH MIAMI BEACH FL		3.4. CITY-ST-ZIP		33162	
TITLE	Ť	☐ DELETE	4.1 TITLE		Change	Addition
NAME	LOK, WARREN		4.2 NAME			
STREET ADDRES 3	1699 NE 171ST ST		4.3 STREET ADDRESS		33162	i
CITY-ST-ZIP	NORTH MIAMI BEACH FL		4.4 CITY-ST-ZIP			
TITLE		DELETE	5 1 TITLE		Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY- ST-ZIP			
TITLE		□ D€LETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			,
CITY-ST-ZIP			6 4 CITY-ST-ZIP			<u></u>

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 arroual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I arround officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 307. 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 like empowered.

SIGNATURE:

Sum may Ish.

SIGNATURE: AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR