

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

FILED
Feb 04 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 # 852658 (4)
1. Corporation Name
MING PROPERTIES, INC.

Principal Place of Business C/O JEFFREY A. LEVINE, P.A. 900 FEDERAL HIGHWAY STE 380 BOCA RATON FL 33432 US	Mailing Address C/O JEFFREY A. LEVINE, P.A. 900 FEDERAL HIGHWAY STE 380 BOCA RATON FL 33432 US
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4000 N. FEDERAL HWY Suite, Apt. #, etc. 22 SUITE 201 City & State 23 BOCA RATON FL Zip 24 33431 Country 25 US		2a. Mailing Address 26 4000 N. FEDERAL HWY Suite, Apt. #, etc. 27 SUITE 201 City & State 28 BOCA RATON FL Zip 29 33431 Country 30 US		3. Date incorporated or Qualified 04/22/1982	4. FEI Number 59-1793855	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
				6. Election Campaign Financing Trust Fund Contribution <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 LEVINE, JEFFREY A 900 N FEDERAL HWY, STE 380 BOCA RATON, FL 33432				10. Name and Address of New Registered Agent 81 Name JEFFREY A. LEVINE 82 Street Address (P.O. Box Number is Not Acceptable) 4000 N. FEDERAL HWY 83 SUITE 201 84 City BOCA RATON FL 85 Zip Code 33431			
---	--	--	--	--	--	--	--

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 *Jeffrey A. Levine* Jeffrey A. Levine 1/9/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTD	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NG, LU SIONG			1.2 NAME			
STREET ADDRESS	901 NE 8 AVE STE D-1			1.3 STREET ADDRESS	600 BRICKELL AVE #800		
CITY - ST - ZIP	GAINESVILLE, FL 00000			1.4 CITY - ST - ZIP	MIAMI, FL 33131		
TITLE	AS	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEVINE, JEFFREY A.			2.2 NAME			
STREET ADDRESS	900 N FED HWY #380			2.3 STREET ADDRESS			
CITY - ST - ZIP	BOCA RATON FL			2.4 CITY - ST - ZIP			
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: *N. J. TURKIN, LOWLAND* January 27, 1998 305-358-9807

CR2E034 (10/97)