

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F01029

(0)

1. Corporation Name

M & K TECHNOLOGY, INC.

Principal Place of Business

600 SOUTH FEDERAL HWY
SUITE 204
DEERFIELD BEACH FL 33441

Mailing Address

600 SOUTH FEDERAL HWY
SUITE 204
DEERFIELD BEACH FL 33441

2. Principal Place of Business

21 1701 Clint Moore Rd
State, Apt., etc.

22 City & State

23 Boca Raton FL

24 33487

25 USA

2a. Mailing Address

26 1701 Clint Moore Rd
State, Apt., etc.

27 City & State

28 Boca Raton FL

29 33487

30 USA

9. Name and Address of Current Registered Agent

PARK, YOON JUNG
600 S FEDERAL HWY
DEERFIELD BEACH FL 33441

3. Date Incorporated or Qualified

10/09/1980

3a. Date of Last Report

04/25/1995

4. FET Number

59-2046955

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Can pay 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

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 607.001, 607.002, 607.1501, 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 jurisdiction of, Sections 607.001, Florida Statutes.

SIGNATURE

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME PARK, MYUNG HO
STREET ADDRESS 5887 N.W. 79TH WAY
CITY-STATE-ZIP PARKLAND FL

TITLE SD
NAME PARK YOON JUNG
STREET ADDRESS 5887 NW 79TH WAY
CITY-STATE-ZIP PARKLAND FL

TITLE T
NAME DROPKIN, MILTON
STREET ADDRESS 7305 CATALINA ISLE DR.
CITY-STATE-ZIP LAKE WORTH FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Milton Dropkin

4-9-96 407-989-5280

CR2E034 (12/95)