SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, N M AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

• 1998 DOCUMENT # F97000004105 (9)

MK DISPLAYS, INC.

## FILED Sep 24 1998 8:00am Secretary of State



Principal Place of Bu	Senie	Mailing Address				
		·				
1790 NW 127TH WAY CORAL SPRINGS FL 33071		1790 NW 127TH WAY CORAL SPRINGS FL 33071				
Column at the section		OGINE DI IMIGO LE SOCI			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					08/05/1997	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For
211		26			<u> 13-3702606</u>	Not Applicable
Suite, Apt. #. etc.		Suite, Apt. #, etc.		į	5. Certificate of Status Desired	\$8.75 Additional
221		27				Fee Required
City & State		City & State		i	6. Election Campaign Financing	\$5.00 May Be
231		281			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has pai	
241	25   Name and Address of Current		301		Personal Property Tax due June 10 Name and Address of New Re-	
Name and Address of Current Registered Agent      10. Name and Address of New Registered Agent      Name     181 Name						
KARP, MARC B						
1790 NW	82! Stree	et Addres	is (P.O. Box Number is Not Acceptable	6)		
CORAL SI	PRINGS FL 33071		831			
			84 City		***************************************	85 Zip Code
						FL   15   Cap doctor
11. Pursuant to the office or reducts	provisions of sections 607.0502 ared agent, or both, in the State of	and 607.1508, Flonda Statute of Flonda. Such change was a	s, the above-named outhorized by the co	d corporat orporation	tion submits this statement for the purp is board of directors. I hereby accept t	bose of <b>cha</b> nging its registered the appointment as registered
office or registered agent, or both, in the State of Flonda. 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, typeo or printed name of registered agent and tibe if applicable. (NOTE: Registered Agent signature reduced when reinstating). DATE						
12.	re, typed or printed name of registered agent OFFICERS AND		13.	ratura reduire	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE P	OFFICERS AND		1.1 TITLE	TH		
	D MADO D	L DELETE	1.2 NAME	<b>VEI</b>	DISE KARY	Change Addition
NAME KARP, MARC B STREETADORESS 1790 NW 127TH WAY			1.3 STREET ADDRES	129	O DW 127 WAY	
				COR	LAL EPRINGS, FL 3307	) /
	RAL SPRINGS FL 33071		1.4 CITY-ST-ZIP 2.1 TITLE	- 1	12000, 10 3301	<del></del>
TITLE		L DELETE		Ì		Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRES	SS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP	<del> </del>		
TITLE		L_ DELETE				Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRES	55		
CITY-ST-ZIP			3.4 CITY-ST-ZIP 4.1 TITLE			
TITLE		L_ OELETE	4.1 111LE 4.2 NAME			Change Addition
NAME						
STREET ADDRESS			4 3 STREET ADDRES	33		
CITY-ST-ZIP			4.4 CITY-ST-ZIP 5.1 TITLE	<del></del>		
TITLE		DELETE	5.7 NAME		100002656	Change Addition
NAME					-09/28/980111	8 <b>02</b> 7
STREET ADDRESS			5.3 STREET ADORES	33	***558.75	and the second s
CITY-ST-ZIP	·		5.4 CITY-ST-ZIP 6.1 TITLE		The state of the s	A
TITLE		DELETE				Change Addition
NAME			6.2 NAME			921
STREET ADDRESS			6.3 STREET ADDRES	22		9-24
14   hereby certify t	har the information europing with	this filing does not qualify for the	6.4 CITY-ST-ZIP	d in section	on 119.07(3)(i), Flonda Statutes, I furth	er certify that the information
indicated on this	annual report or suppliemental a	annual report is true and accur	rate and that my si	gnature s	hall have the same legal effect as if n	nade under oath; that I am
indicated on this annual report or adpolemental 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.						