


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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90169 035 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G95261					
1. Corporation Name MKW CORPORATION					
Principal Place of Business 1005 17TH STREET VERO BEACH FL 32960			Mailing Address 1005 17TH STREET VERO BEACH FL 32960		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/09/1984	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2400851	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent GREGORY, JANE L. 1005 17TH STREET VERO BEACH FL 32960				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	VS <input type="checkbox"/> DELETE	1.1 TITLE			
NAME	GREGORY, JANE L.	1.2 NAME			
STREET ADDRESS	1005 17TH STREET	1.3 STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP			
TITLE	PC <input type="checkbox"/> DELETE	2.1 TITLE			
NAME	BENITEZ, BEN, JR.	2.2 NAME			
STREET ADDRESS	1005 17TH ST.	2.3 STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP			
TITLE	VS <input type="checkbox"/> DELETE	3.1 TITLE			
NAME	GREGORY, MICHAEL	3.2 NAME			
STREET ADDRESS	5010 E. CHEYNN DR. APT. 1103	3.3 STREET ADDRESS			
CITY-ST-ZIP	PHONEX AZ	3.4 CITY-ST-ZIP			
TITLE	VT <input type="checkbox"/> DELETE	4.1 TITLE			
NAME	GREGORY, KEVIN	4.2 NAME			
STREET ADDRESS	5956 ENCORE	4.3 STREET ADDRESS			
CITY-ST-ZIP	DALLAS TX	4.4 CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE			
NAME	GREGORY, WENDY	5.2 NAME			
STREET ADDRESS	5750 E. UNIV. BLVD. APT. 432	5.3 STREET ADDRESS			
CITY-ST-ZIP	DALLAS TX	5.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE			
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY-ST-ZIP			

SIGNATURE:

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

Date

Daytime Phone #

CR2E034 (1/98)