FILED Jun 08, 2001 8:00 am

2001	UNIFORM	BUSINESS	REPORT	/HRRI
		DO3114E33	REPURI	(VDN)

DOCUMENT # P0000058731 1. Entity Name MING KING, INC.					•		Secretary of State 05-16-2001 90026 050 ***550.00			
Principal Pla	ice of Busines	s	Mailing Address			\dashv				
4975 N. TOMOKA DRIVE 4975		4975 N. TOMOKA DRIVE DELEON SPRINGS FL 32130								
								1919 (11)		- L 11187 1181 1881
2. Principal I	Place of Busin	ness	3. Mailing Address	-						
Suite, Apt	t. #, etc.		Suite, Apt. #, etc.				DO NO	OT WRITE IN TH	S SPACE	
City & Sta	ate		City & State			4.	FEI Number 59 - 366/16			Applied For
Zip		Country	Zip	Count	ry	5.	Certificate of Status De		\$8.75 A	
	6. Name	and Address of Current Re	egistered Agent	Т		7.	Name and Address of	New Registered	Fee Required Agent	280
			 		Name					
Hough, Joseph 4975 n. Tomoka drive				Street Addre	ess (P.O. I	Box Number is Not Acc	eptable)			
שבט	EUN SPRINK	3S FL 32130			Ch.				• 7:- O.	4.
					City			F	L Zip Co	
	named entity	submits this statement for the	ne purpose of changing its re	egistered	d office or regi	istered aç	gent, or both, in the Stat	e of Florida.		
SIGNATURE . 9. This corporate filing r	Signature, typed o pration is eligit requirement as	or printed name of registered agent and ble to satisfy its Intangible and elects to do so.	FILE NOW!!! After MAY 1, 200	FEE I	Agent aignature rec S \$150.00 vill be \$550,0	uired when it		DATE	\$5.	00 May Be
9. This corpo Tax filing r (See criter	Signature, typed o	ov printed name of registered agent and tole to satisfy its Intangible and elects to do so.	FILE NOW!!! After MAY 1, 200 Make Check Payabl	Fee we to Dep	Agent aignature rec S \$150.00 vill be \$550,0	uired when it 00 State	10. Election Campa Trust Fund Con	DATE sign Financing tribution.	\$5.1 Adde	d to Fees
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of the corporation or the receiver or trustee empowered to execute this report as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:	Care House	CAROL HOMEH	5-7-01	386-738-5614
	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNENG OFFICER OR LIRECTOR	Dele	Daylime Phone #