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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P33261

(9)

MKK TECHNOLOGIES, INCORPORATED

Secretary of State

FILED

Jan 28 1998 8:00am

Principal Place of Business Mailing Address		. HODITON TOO HEIGH VILL TOOK THE CONTRACT OF
39209 W. 6 MILE RD. 39209 W. 6 MILE F	2D	
STE. 204 STE. 204		
LIVONIA MI 48152 LIVONIA MI 48152		DO NOT WRITE IN THIS SPACE
		3. Date Incorporated or Qualified 03/20/1991
2. Principal Place of Business 2a. Mailing Address	S	4. FEI Number Applied For
21 26		95-3979679 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, et	c.	5. Certificate of Status Desired \$8.75 Additional
22 27	,	5. Certificate of Status Desired Fee Required
City & State City & State		6. Election Campaign Financing \$5.00 May Be
23 28		Trust Fund Contribution
Zip Country Zip	Country	8. This corporation owes or has paid the current year Intangible
24 25 29	30	Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent	81 Name	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM	81 Name	
1200 S. PINE ISLAND ROAD PLANTATION FL 33324	82 Street Ad	dress (P.O. Box Number is Not Acceptable)
PEANTABON PL 33324	83	
	84 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida	Statutes, the above-named co	progration submits this statement for the purpose of changing its registered
office or registered agent, or both, in the State of Florida. Such change agent, I am familiar with, and accept the obligations of, Section 607.05	was authorized by the corpor 05. Florida Statutes.	ration's board of directors. I hereby accept the appointment as registered
SIGNATURE		
Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature rec	
12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE V L. DELETI		LI Change LI Addition
00000 W CIV AND DOAD CTE 004	1,2 NAME	
LINCONIA BAIL	1,3 STREET ADDRESS	
DA1+31-21F	1,4 CITY-ST-ZIP	Channe 1 Addition
OKARE CHO II		☐ Change ☐ Addition
700 C ELOWED OT CTE 1000	2.2 NAME	
LOC MICELES CA	2.3 STREET ADDRESS	u to
DOTO:	2.4 CITY-ST-ZIP	Chara C Addition
MODOOVA ISAO		L_ Change L_ Addition
20000 MI CIV MILE DOAD CTE 004	3.2 NAME	
STREET ADDRESS 39209 W SIX MILE ROAD, STE 204 LIVONIA MI	3.3 STREET ADDRESS	
	3.4, CITY-ST-ZIP	Change Addition
DODED THOUDOUT		L Change L Addition
FAR O FLOWED OF	4. 2 NAME	
LOC ANCELES CA	4.3 STREET ADDRESS	
U117-31-211 -	4.4 CITY-ST-ZIP	Change Addition
MAEDA VACUIN		Change Addition
40.00 ELIBRIA CHOME	5.2 NAME	
CHIVODA VILTO	5.3 STREET ADDRESS	
0101-01-28	5.4 CITY - ST~ ZIP	☐ Change ☐ Addition
MODITA OLIGINALI	I	Grange Addition
DOOD W CIV AND DOAD CTE OOL	6 2 NAME	
	4 5 0YOUTE 4 000 000	
STREET ADDRESS 39209 W SIX MILE HOAD, STE 204 CITY-SI-ZIP LIVONIA MI	6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filling 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:

6 DW JOHN WIRE

1-12-98 313-462-2256

CH2E034 (10/97)