

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

FILED

Feb 11, 1999 8:00am
Secretary of State

02-11-1999 90016 014 ****150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P33261

1. Corporation Name

MKK TECHNOLOGIES, INCORPORATED

Principal Place of Business

39209 W. 6 MILE RD.
STE. 204
LIVONIA MI 48152

Mailing Address

39209 W. 6 MILE RD.
STE. 204
LIVONIA MI 48152

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1991

4. FEI Number

95-3979679

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V	<input type="checkbox"/> DELETE
NAME	NOGAMI, YOSHIYUKI	
STREET ADDRESS	39209 W SIX MILE ROAD, STE 204	
CITY-ST-ZIP	LIVONIA MI	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	OKABE, SHOJI	
STREET ADDRESS	700 S FLOWER ST, STE 1200	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	MOROOKA, ISAO	
STREET ADDRESS	39209 W SIX MILE ROAD, STE 204	
CITY-ST-ZIP	LIVONIA MI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROPER, THOEDORE J.	
STREET ADDRESS	515 S. FLOWER ST.	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAEDA, YASUJI	
STREET ADDRESS	10-26 FUJIMI 2-CHOME	
CITY-ST-ZIP	CHIYODA-KU TO	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MORITA, SUSUMU	
STREET ADDRESS	39209 W SIX MILE ROAD, STE 204	
CITY-ST-ZIP	LIVONIA MI	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-19-97 734-462-2230

CR2E034 (1/198)