## 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 # P93000067268 (1)

MING WOK CORP.

## FILED Feb 06 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address			A 80990 HANNA REALT NEEDO 1844 1841
9918 NORTHWEST 2ND STREET	9918 NORTHWEST 2ND	STREET		
PLANTATION FL 33324	PLANTATION FL 33324		DO NOT WEITT IN T	UC 00405
			DO NOT WRITE IN TH	HIS SPACE
			3. Date Incorporated or Qualified 09/22/1993	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0439223	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	- · · · · · ·		\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the	_ ' _ '
24 25	29	30	Personal Property Tax due June 30.	☐ Yes ☐ No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 1.41 STEDHEN D CDA 81 Name				
LAU, STEPHEN P CPA		oi Name		
1333 NW 126 WAY		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
SUNRISE FL 33323		83		
		63		
		84 City		85 Zip Code
11. Pursuant to the provisions of Sections 607 050	2 and 607 1508. Florida Statut	es the above-named cornor		
<ol> <li>Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga-</li> </ol>	of Florida. Such change was a	authorized by the corporation	on's board of directors. I hereby accept the	appointment as registered
And a	_ ^	orida Statutes.		
SIGNATURE Signature, typed of printed name of registered and	nt and title if applicable. (NOTE	E: Registered Agent signature require	d when reinstating) DAT	<del></del>
12. OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE D	DELETE	1,1 TITLE		☐ Change ☐ Addition
NAME LAU, RICKY		1.2 NAME		
STREET ADDRESS 9918 NORTHWEST 2ND STRE	EET	1.3 STREET ADDRESS		
CITY-ST-ZIP PLANTATION FL 33324		1.4 City - St - Zip		
TITLE	DELETE	2.1 TITLE		L Change L Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CiTY-ST-ZIP	T per per	2. 4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		İ
CITY-ST-ZIP	☐ DELETE	3.4, CITY-ST-ZIP		Observe T Addition
TITLE	☐ DEFEIG	4.1 TITLE		☐ Change ☐ Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	4.4 CITY - ST - ZIP		Change
NAME		5.1 TITLE 5.2 NAME		☐ Change ☐ Addition
STREET ADDRESS				
		5.3 STREET ADDRESS		
CITY-SI-ZIP TITLE	☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME		6.2 NAME		The strength The Total of the T
STREET ADDRESS		6.3 STREET ADDRESS		İ
CITY-ST-ZIP		6.4 CITY-ST-ZIP		
14. I hereby certify that the information supplied wi	ith this filing does not qualify fo		Section 119.07(3)(i), Florida Statutes. I further	r certify that the Information

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.

SIGNATURE:

stor Day RE FRICK (ITLAU (Pusident) 1-20-96

(954) 946-2818