

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

FILED

Feb 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000033296 (2)

1. Corporation Name
MIKE'S MARKET, INC.

Principal Place of Business

1915 34TH STREET NW
WINTER HAVEN FL 33881

Mailing Address

1915 34TH STREET NW
WINTER HAVEN FL 33881



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/02/1994	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3239751	
24 Country		29 Country		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HARRIS, ROBERT M
8967 GOLDEN GATE BLVD
POLK CITY FL 33868

10. Name and Address of New Registered Agent

81 Name SOON MI KIM
82 Street Address (P.O. Box Number is Not Acceptable) 2070 HOMERWOOD BLVD. #308
83
84 City DELRAY BEACH FL 85 Zip Code 33445

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 SOON MI KIM DATE 2-10-98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PSTD
NAME	HARRIS, ROBERT M	1.2 NAME	SOON MI KIM
STREET ADDRESS	8967 GOLDEN GATE BLVD	1.3 STREET ADDRESS	2070 HOMERWOOD BLVD. #308
CITY-ST-ZIP	POLK CITY FL 33868	1.4 CITY-ST-ZIP	DELRAY BEACH FL 33445
TITLE	VSTD	2.1 TITLE	VD
NAME	HARRIS, DONNA G	2.2 NAME	ROBERT M. HARRIS
STREET ADDRESS	8967 GOLDEN GATE BLVD	2.3 STREET ADDRESS	8967 GOLDEN GATE BLVD.
CITY-ST-ZIP	POLK CITY FL 33868	2.4 CITY-ST-ZIP	POLK CITY FL 33868
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: R. M. Harris DATE 2-10-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE # 941-967-6201
0420225

CR20034 (10/97)