

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

FILED  
May 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000047805 (3)

1. Corporation Name  
MYHK, INC.

Principal Place of Business  
1901 B WEST VINE STREET  
KISSIMMEE FL 34746

Mailing Address  
1901 B WEST VINE STREET  
KISSIMMEE FL 34741-4060



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/19/1995	3a. Date of Last Report 04/08/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3321285	Applied For Not Applicable
22	5500 HWY 27 N-	27	5500 HWY 27 N-	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	DAVENPORT FL	28	DAVENPORT FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	33837	25	USA	29	33837
25	USA	30	USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MUKHTAR, ALI  
1901 B WEST VINE STREET  
KISSIMMEE FL 34746

10. Name and Address of New Registered Agent

81 Name  
MR. MUKHTAR ALI  
82 Street Address (P.O. Box Number is Not Acceptable)  
5500 HWY 27 N  
83  
84 City  
DAVENPORT FL  
85 Zip Code  
33837

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

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVSD	1.1 TITLE	PRES-
NAME	MUKHTAR, ALI	1.2 NAME	MUKHTAR ALI
STREET ADDRESS	1901 B WEST VINE STREET	1.3 STREET ADDRESS	5500 HWY 27 N
CITY-ST-ZIP	KISSIMMEE FL 34746	1.4 CITY-ST-ZIP	DAVENPORT FL 33837
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
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 do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR 3034 (9/96)