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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000059910 (5)

MULTIMEDIA RESEARCH LABORATORY, INC.

Incipal Place of Business	Mailing Address		
CLINT MOORE ROAD A RATON FL 33487	1701 CLINT MOORE ROAD BOCA RATON FL 33487		

FILED Apr 28 1998 8:00am Secretary of State



					(480 20 (10 EDEBL 410 (1 10) 10 1 0 1
Principal Place of Business Mailing Address 1701 CLINT MOORE ROAD 1701 CLINT MOORE ROAD BOCA RATON FL 33487 BOCA RATON FL 33487					
		BOCA RATON FL 33487		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	OOFAUE
				07/11/1996	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0679858	 '
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Regulred
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23	_	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the co	
24	25	29	30	Personal Property Tax due June 30.	X Yes ☐ No
	9. Name and Address of Curi	rent Registered Agent		10. Name and Address of New Registered	1 Agent
	Hare , Edward J		81 Name		
1701 CLINT MOORE ROAD		82 Street Ad	ddress (P.O. Box Number is Not Acceptable)		
BOCA RATON FL 33487			,		
		63			
			84 City		85 Zip Code
				F!	_ `
Office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta on familiar with, and accept the ob-	ile of Florida. Such change was i	authorized by the coroo	orporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	of changing its registered opointment as registered
SIGNATURE	Signature, typed or printed name of registered		E. Registered Agent signature re	or includes related as	
12.		ND DIRECTORS	13.	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	NODETION OF THE PARTY OF THE PA	Change Addition
NAME	PARK, MYUNG HO		1.2 NAME		
STREET ADDRESS	5887 N.W. 79TH WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	PARKLAND FL		1.4 CITY - ST - ZIP		
TITLE		DELETE	21 TITLE		☐ Change ☐ Addition
NAME		<u> </u>	2.2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY-ST-ZIP		ļ
TITLE		DELETE	31 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - S1 - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP					İ
TITLE		DELETE	4.4 CHY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME		-	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELET E	6.1 TITLE		Change Addition
NAME		hand everet	6.2 NAME		omingo required
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST- ZIP		
UIII-31-41F			■ hattiy-SI-7P		

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 eath; 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.

4-17-00