

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

FILED  
May 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000003725 (3)**

1. Corporation Name

**M K SYSTEMS, INC.**

Principal Place of Business

Mailing Address

**1503 SE 47TH TERR  
CAPE CORAL FL 33904**

**1503 SE 47TH TERR  
CAPE CORAL FL 33904**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/14/1997**

4. FEI Number

**65-0717550**

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business  
21 **1507 SE 47th Terrace**

Suite, Apt. #, etc.

22

City & State

**Cape Coral, FL**

Zip

**33904**

Country

**US**

2a. Mailing Address

26 **1507 SE 47th Terrace**

Suite, Apt. #, etc.

27

City & State

**Cape Coral, FL**

Zip

**33904**

Country

**US**

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32304-2525**

10. Name and Address of New Registered Agent

81 Name

**Mikael Klausen**

82 Street Address (P.O. Box Number is Not Acceptable)

**1507 SE 47th**

83

84 City

**Cape Coral**

**FL**

85 Zip Code

**33904**

11. Pursuant to the provisions of Sections 607.0402 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent for truth, 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 resigning)

DATE

**4-24-98**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **KLAUSEN, MIKAEL**  
STREET ADDRESS **SNICKAREVAGEN 11 B**  
CITY - ST - ZIP **24633 LODDEKOPINGE, SWEDEN**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **D.P.T**  
1.3 STREET ADDRESS **Mikael Klausen**  
1.4 CITY - ST - ZIP **5239 Willow Ct. Cape Coral, FL 33904**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **S Annika Klausen**  
2.3 STREET ADDRESS **5239 Willow Ct.**  
2.4 CITY - ST - ZIP **Cape Coral, FL 33904**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 attachment with an address.

SIGNATURE:

**4-24-98**

**941-540-040**

CR2E034 (10/97)