

<b>DOCUMENT # P97000066207</b>			
<b>1. Entity Name</b> <b>MMK ENTERPRISES, INC.</b>			
<b>Principal Place of Business</b> <b>113 SOUTH MACDILL AVE.</b> <b>#B</b> <b>TAMPA FL 33609</b>		<b>Mailing Address</b> <b>113 SOUTH MACDILL AVE.</b> <b>#B</b> <b>TAMPA FL 33609-3128</b>	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>			
<b>CHOI, KI H. CPA</b> <b>113 SOUTH MACDILL AVE.</b> <b>#B</b> <b>TAMPA FL 33609</b>			<b>Name</b>
			<b>Street Address (if different from above)</b>
			<b>City</b>
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.</b>			
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required) <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input checked="" type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
<b>11. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>CHOI, KI H.</b> <b>113 SOUTH MACDILL AVE. #B</b> <b>TAMPA FL 33609</b>	<input type="checkbox"/> Delete	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	
<b>12.</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			
<b>13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607 of the Florida Statutes, and that the information is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 of the Florida Statutes, changed, or on an attachment with an address, with all other like empowerment.</b>			
<b>SIGNATURE:</b> _____ <b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>			



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)