

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

* AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1999

(L)

ISO.88



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
Jul 19, 1999 8:00 am
Secretary of State

07-19-1999 90007 028 ***150.00

DOCUMENT # P98000093878

1. Corporation Name

MUKKAS CORP.

Principal Place of Business

1010 LEE ROAD
ORLANDO FL 32810

Mailing Address

1010 LEE ROAD
ORLANDO FL 32810

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/30/1998

4. FEI Number

59-3541880

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 the current year
Intangible Personal Property.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

BADHWAR, SANGEETA
984 VINERIDGE RUN #104
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 an attachment with an address.

SIGNATURE: SANGEETA - PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/30/99 (407)629-1835

Date Daytime Phone #

CR2E034 (5/99)

590372-9007-28
P98000093878

MLIKKAS CORP.
1010 LEE RD.
ORLANDO, FL 32810.

TO
DIVISION OF CORPORATIONS,
ANNUAL REPORTS FILING,
P.O. Box 1500
TALLAHASSEE, FL-32302-1500.

DEAR SIR/MADAM

REG: DOCUMENT # P98000093878

WE FILED THE ABOVE DOCUMENT ON 3/22/99
ALONG WITH CH # 1130 FOR \$150 FOR THE
FEE. ON JUNE 30, WE RECEIVED THE SECOND
NOTICE TO FILE THIS DOCUMENT. ON
ENQUIRY WE WERE TOLD, THE ORIGINAL
WAS RETURNED TO US IN APRIL FOR SOME
REASONS WHICH WE NEVER RECEIVED BACK
HOWEVER, HAVE BEEN ADVISED BY ^{MR.} LESLEE
TO FILE IT AGAIN WITH THE FEE OF \$150.

ENCLOSED PLEASE FIND THE DOCUMENT & CH #
1357 FOR \$150. & TO RETURN MY EARLIER CH #
1130.

THANKS.
FOR MLIKKAS CORP.
SMAELO