PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000105926**1. Corporation Name

MP ENGINEERING, INC.

Principal Place of Business 3825 JONATHANS WAY BOYNTON BEACH FL 33462 Mailing Address

3825 JONATHANS WAY BOYNTON BEACH FL 33462

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90011 049 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

12/22/1998

	Place of Business	2a. Mailing Address			4. FEI Number		plied For t Applicable
21		26			 		
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	_		5. Certifcate of Status Desired	□ \$8.75 A Fee Re	
City & Sta	te	- City & State 28		=====	Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Zip	Country	Zip	Count	ry	8. This corporation owes the curre	ent vear Intangible	
24	25 29 30				Personal Property Tax.		□No
44	9. Name and Address of Current	_1	301		10. Name and Address of New R	egistered Agent	
	***	<u> </u>		1 Name			
AMERILAWYER							
343 ALMERIA AVENUE				Street Add	dress (P.O. Box Number is Not Accepta	ble)	
CORAL GABLES FL 33134				13			
			8	4 City		FL 85 Zip C	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508. Florida Statute	es, the abo	ve-named con	poration submits this statement for the	purpose of changing its	registered
office or	registered agent, or both, in the State of am familiar with, and accept the obligation	of Florida. Such change was at	uthorized t	by the corporat	ion's board of directors. I hereby accep	t the appointment as req	gistered
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Ad	ent signature requir	red when reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	RS IN 12
TITLE	PSD	☐ DELETE	1.1 TITLE	i		☐ Change	☐ Addition
NAME	WONG, PETER T		1.2 NAM	E			
	3825 JONATHANS WAY			ET ADDRESS			
	BOYNTON BEACH FL 33462			-ST-ZIP			
CITY-ST-ZIP TITLE	VTD	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	KUNG, MEI S	_	2.2 NAM				
	3825 JONATHANS WAY			EET ADDRESS			
	BOYNTON BEACH FL 33462			-ST-ZIP			
-TITLE -	BUTNION BEACH FL 33462		-3.1 TITLE			- Change	— ☐ Addition
			3.2 NAM		~.	_ •	
NAME	1		- 1	ET ADDRESS			
STREET ADDRESS							
CITY-ST-ZIP		☐ DELETE	4.1 TITU	'-ST-ZIP		☐ Change	Addition
TITLE			4.1 117C				
NAME				_			
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP		☐ DELETE	4.4 CITY 5.1 TITL			☐ Change	Addition
TITLE		C pereie	5.1 (IIU 5.2 NAM				المدادية برت
NAME				EET ADDRESS			
STREET ADDRESS	<u>[</u>		5.4 CITY	1			
CITY-ST-ZIP		☐ DELETE	6.1 TITL			Change	Addition
TITLE			6.2 NAM	'		□ ⇔ange	
NAME				ET ADDRESS			;
STREET ADDRESS	6						ł
CITY-ST-ZIP	1		6.4 CITY	-SI-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, with all other like empowered.

SIGNATURE:

PATURE AND TYPET OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1/28/99

561-641-6215 Daytime Phone #

R2E034 (11/98)