

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 758161 (4)

1. Corporation Name

FLORIDA WORLD ORGANIZATION OF CHINA PAINTERS', INC.



Principal Place of Business

Mailing Address

6190 RIVIERA LANE  
JACKSONVILLE FL 32216-1214  
US

6190 RIVIERA LANE  
JACKSONVILLE FL 32216-1214  
US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 4851 Gandy Blvd.		26 4851 Gandy Blvd.		10/26/1981		02/22/1995	
22 B10L26, Regency Cove		27 B10L26, Regency Cove		4. FEI Number		Applied For	
23 Tampa, Florida		28 Tampa, Florida		59-2222279		Not Applicable	
24 33611-3023 Hillsboro		29 33611-3023 Hillsboro		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
				<input checked="" type="checkbox"/>			
				6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
				<input type="checkbox"/>			
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~SOMER, BETTY  
6190 RIVIERA LANE  
JACKSONVILLE FL 32216~~

81 Name	Iris N. Bielby - D
82 Street Address (P.O. Box Number is Not Acceptable)	B10 L26, Regency Cove
83	4851 Gandy Boulevard
84 City	Tampa, FL
85 Zip Code	33611

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 I accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Iris N. Bielby* Iris N. Bielby 2-17-96  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President-Elect - T <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BIELBY, IRIS	1.2 NAME	Carolene Williamson
STREET ADDRESS	4851 GANDY BLVD B10-L26	1.3 STREET ADDRESS	3830 S.W. Portulaca Court
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Dunnellon, FL 34431-3909
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice-President - T <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOMER, BETTY	2.2 NAME	Judy Higgins
STREET ADDRESS	6190 RIVIERA LANE	2.3 STREET ADDRESS	3812 Cardenal Avenue
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Ruskin, FL 33573-6735
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Vice-President - T <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMSON, CAROLENE	3.2 NAME	Denice Van Waardenburg
STREET ADDRESS	3830 SW PORTULACA CT	3.3 STREET ADDRESS	706 Spring Valley Drive
CITY-ST-ZIP	DUNNELLON FL	3.4 CITY-ST-ZIP	Melbourne, FL 32940-1718
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, MARTHA	4.2 NAME	Linda Pickett - T
STREET ADDRESS	1350 GROVE PARK BLVD	4.3 STREET ADDRESS	2804 Anniston Road
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Jacksonville, FL 32246-3436
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	00001758520 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHEWS, CAROL ANN	5.2 NAME	-04/03/96--01086--005
STREET ADDRESS	7204 SEASHORE DR.	5.3 STREET ADDRESS	***70.00
CITY-ST-ZIP	PORT RICHEY FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carol Ann Matthews* 2-17-96 (813)863-4763  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (12/95)