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Secretary of State

03-10-1999 90169 037 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 758161

1. Corporation Name
FLORIDA WORLD ORGANIZATION OF CHINA PAINTERS', INC.

Principal Place of Business 4851 GANDY BLVD.E B10L26, REGENCY COVE TAMPA FL 33611-3023 US	Mailing Address 4851 GANDY BLVD.E B10L26, REGENCY COVE TAMPA FL 33611-3023 US
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2. Principal Place of Business 21 3830 Portulaca Ct. Suite, Apt. #, etc. 22	2a. Mailing Address 26 Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 10/26/1981
23 DUNNELLON, FL City & State Zip 34431 Country US	28 City & State Zip Country	4. FEI Number 59-2222279 Applied For Not Applicable
9. Name and Address of Current Registered Agent BIELBY, IRIS N B10 L26, REGENCY COVE 4851 GANDY BLVD. TAMPA FL 33611		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
		81 Name Williamson, Carolene	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83 3830 Portulaca Ct.	
		84 City DUNNELLON	85 Zip Code FL 34431

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 accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Carolene Williamson DATE 3-5-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT WILLIAMSON, CAROLENE 3830 SW PORTULACA CT DUNNELLON FL 34431-3909 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	VPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HIGGINS, Judy 3812 CARDENAL AVE RUSKIN, FL. 33573-6735
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT HIGGINS, JUDY 3812 CARDENAL AVE. RUSKIN FL 33573-6735 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PICKETT, LINDA 2804 ANNISTON RD JACKSONVILLE, FL. 32246-3436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT WAARDENBURG, DENICE V 706 SPRING VALLEY DR. MELBOURNE FL 32940-1718 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FIELDS, SUSAN 1069 ARBOR LANE JACKSONVILLE, FL. 32207-3917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PICKETT, LINDA 2804 ANNISTON RD. JACKSONVILLE FL 32246-3436 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BOSWELL, MIRIAM 153 BRENTWOOD DR. N. LAKE PLACID, FL. 33852-8173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MATTHEWS, CAROL ANN 7204 SEASHORE DR. PORT RICHEY FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: (Signature Required) DATE: 3-5-99 DAYTIME PHONE #: (352) 489-9359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)