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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J04411

(1)

FILED
May 08 1997 8:00am
Secretary of State

1. Corporation Name YANG ENTERPRISES, INC. Principal Place of Business Mailing Address SE MITCHELL HAMMOCK ROAD STE. 201 OVIEDO FL 32765 MERRITT ISLAND FL 32952-8315					:					
US					3	Date Incorporated or Qualified 03/17/1986		te of Last 16/1996		
	Prace of Business	2a. Mailing Address			4	. FEI Number			Applied For	
1] Suite, Apt	H Ale	Suite, Apt #, etc.				59-2825380			Not Applicable Additional	
2	, p	27			5	 Certificate of Status Desired 			Required	
City & Sta	ite	City & State			6	. Election Campaign Financing		\$5.0	O May Be	
3		28				Trust Fund Contribution			d to Fees	
7(p. .1	Country	Zip	Coun	itry	8	 This corporation has liability for Florida Statutes 	or intangible		s. 199.032,	
4	25 9. Name and Address of Curren	29 nt Registered Agent	30		10	Name and Address of New I				
YA	NG, TYNG-LIN			81 Name						
	90 SOUTH OAKS DRIVE		la la	82 Street A	Address (P.O. Box Number is Not Accept	table)		*****	
ME	RRITT ISLAND FL 32952],	83						
			`	53						
			Ţ	B4 City			FL	85 Zi	p Code	
						on submits this statement for the board of directors. I hereby acc		ointment a	as registered	
SIGNATURE.	an Tamiliar with, and accept the obligation of the control of the	int and litteir applicable (NC		Agent signature r			DATE		DRS IN 12	
SIGNATURE. 12. IIU	Service types or conced name of registered age OFFICERS AND P YANG, LI-WOAN	est and little in applicable (NC DIDIRECTORS	OTE: Registered	Agent signature r		en reinstating)	DATE	DIRECTO	ORS IN 12	
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4. The hereby certify that the information supplied withints hing toes not quality for the exemption stated in Section 119.07(3)(i), Proride Statutes, Florities certify that the information indicated on this annual report or supplemental annual report is true and occurred and that my signature shall have the same legal effect as if made under oath; the Lam an officer or director of the corporation or the doctor or truling 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 the all attachment with an address.

SIGNATURE:

E OF BIGNING OFFICER ON PRECTOR

Daytime Phone #