

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY - 1 AM 5:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J73613** (8)
1. Corporation Name:
NEW CHINA, INC.

Principal Place of Business: **827 S. WOODLAND BLVD DELAND FL 32720-6870**
Mailing Address: **827 S. WOODLAND BLVD DELAND FL 32720-6870**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/18/1987	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2807124	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 State, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent WALLACE, DANIEL S. 431 N. GRANDVIEW AVE DAYTONA BEACH FL 32018	10. Name and Address of New Registered Agent
	B1 Name
	B2 Street Address (P.O. Box Number is Not Acceptable)
	B3
	B4 City FL B5 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

(Type or print name of registered agent or officer or director)

(Type or print name of registered agent or officer or director)

(Type or print name of registered agent or officer or director)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
OFFICER	D LEE, SHEE CHING 440 N. PENINSULA DR DAYTONA BEACH FL	1. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, SHEE CHING	1. NAME	
STREET ADDRESS	440 N. PENINSULA DR	1. STREET ADDRESS	
CITY, ST, ZIP	DAYTONA BEACH FL	1. CITY, ST, ZIP	
OFFICER	D LEE, IRENE 440 N. PENINSULA DR DAYTONA BEACH FL	2. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, IRENE	2. NAME	
STREET ADDRESS	440 N. PENINSULA DR	2. STREET ADDRESS	
CITY, ST, ZIP	DAYTONA BEACH FL	2. CITY, ST, ZIP	
OFFICER	D LEE, YUK PING 440 N. PENINSULA DR DAYTONA BEACH FL	3. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, YUK PING	3. NAME	
STREET ADDRESS	440 N. PENINSULA DR	3. STREET ADDRESS	
CITY, ST, ZIP	DAYTONA BEACH FL	3. CITY, ST, ZIP	
OFFICER		4. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
OFFICER		5. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY, ST, ZIP		5. CITY, ST, ZIP	
OFFICER		6. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY, ST, ZIP		6. 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 199.0306, 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 199, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shee C. Lee

4/30/95

904/336-7042