

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Sep 10, 1999 8:00 am**  
**Secretary of State**

09-10-1999 90008 041 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**

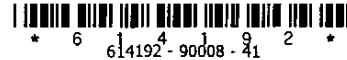


FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N09979**

Corporation Name

**CHINESE CULTURE ASSOCIATION OF SOUTH FLORIDA, IN C.**



Principal Place of Business

P.O. BOX 810552  
 BOCA RATON FL 33481-0552  
 US

Mailing Address

P.O. BOX 810552  
 BOCA RATON FL 33481-0552  
 US



Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/26/1985</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>59-2600665</b>	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25		29		30	

9. Name and Address of Current Registered Agent

**CHIEN, JACK**  
 10561 MENDOCINO LN  
 BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	FL	

I, 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		(NOTE: Registered Agent signature required when reinstating)		DATE	
2. OFFICERS AND DIRECTORS					
LE	TD	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
ME	HWA, CHAU J		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
REET ADDRESS	1738 LINDSAY COURT		1.2 NAME		
Y-ST-ZIP	WELLINGTON FL 33414		1.3 STREET ADDRESS		
LE	SD	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP		
ME	CHAO, JANE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
REET ADDRESS	19681 BLACK OLIVE LN		2.2 NAME		
Y-ST-ZIP	BOCA RATON FL 33498		2.3 STREET ADDRESS		
LE	P	<input checked="" type="checkbox"/> DELETE	2.4 CITY-ST-ZIP		
ME	LAI, JOSEPH		3.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
REET ADDRESS	19091 CLOISTER LAKE LANE		3.2 NAME	P JEAN Wong	
Y-ST-ZIP	BOCA RATON FL		3.3 STREET ADDRESS	4240 NW 15 <sup>th</sup> Drive	
LE	VD	<input checked="" type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	DEERFIELD, FLA. 33442	
ME	SZE, PETER		4.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
REET ADDRESS	23381 BOCA CHICA CIRCLE		4.2 NAME	TREASURER MARY SZE	
Y-ST-ZIP	BOCA RATON FL		4.3 STREET ADDRESS	23381 BOCA CHICA Circle	
LE		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	BOCA RATON, FL. 33433	
ME			5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
REET ADDRESS			5.2 NAME		
Y-ST-ZIP			5.3 STREET ADDRESS		
LE		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP		
ME			6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
REET ADDRESS			6.2 NAME		
Y-ST-ZIP			6.3 STREET ADDRESS		
			6.4 CITY-ST-ZIP		

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-6-99 954 481 1888

0008916

CR2E037 (5/99)