

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000003022 (9)

1. Corporation Name

FLORIDA CHINESE LIBRARY, INC.

Principal Place of Business

12341 WARREN ROAD
CLERMONT FL 34711

Mailing Address

12341 WARREN ROAD
CLERMONT FL 34711



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

LIN, CHUN-IN
12341 WARREN ROAD
CLERMONT FL 34711

3. Date Incorporated or Qualified
07/13/1993

3a. Date of Last Report
05/01/1995

4. FEI Number
59-3201921

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME LIN, CHUN-IN DR
STREET ADDRESS 12341 WARREN ROAD
CITY - ST - ZIP CLERMONT FL 34711

TITLE ☐ DELETE
NAME LIN, WEN R
STREET ADDRESS 12341 WARREN ROAD
CITY - ST - ZIP CLERMONT FL 34711

TITLE ☐ DELETE
NAME YUE, HELEN
STREET ADDRESS 8502 N. ARMENIA AVE.
CITY - ST - ZIP TAMPA FL 33604

TITLE ☐ DELETE
NAME LAI, B.S.
STREET ADDRESS 12172 DESCARTES COURT APT. 2
CITY - ST - ZIP ORLANDO FL 32826

TITLE ☐ DELETE
NAME TAN, MAY
STREET ADDRESS 212 APPLEWOOD CT.
CITY - ST - ZIP KISSIMMEE FL 34743

TITLE ☐ DELETE
NAME B. Morey Wong PD.
STREET ADDRESS 8502 N ARMENIA AVE
CITY - ST - ZIP Tampa FL 33604

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME Ruby Chang
1.3 STREET ADDRESS 12258 Bokannon Blvd
1.4 CITY - ST - ZIP Orlando FL 32824

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHUN-IN LIN 7/24/96 352-343-6211

Date

Daytime Phone #

0016429

CR2E037 (3/96)