


FILE NOW: FILING FEE IS \$61.25

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Jun 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000003022 (9)**  
1. Corporation Name

**FLORIDA CHINESE LIBRARY, INC.**



Principal Place of Business <b>12341 WARREN ROAD CLERMONT FL 34711</b>	Mailing Address <b>12341 WARREN ROAD CLERMONT FL 34711-9696</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/13/1993</b>	3a. Date of Last Report <b>07/30/1996</b>
21		26		4. FEI Number <b>59-3201921</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LIN, CHUN-IN**  
**12341 WARREN ROAD**  
**CLERMONT FL 34711**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Dir.	1.1 TITLE	Mrs. D.Z. Young Kwo Dir.
NAME	LIN, CHUN-IN DR	1.2 NAME	20, 3 Alley 18 Lane Ho-Ping E Rd section 2
STREET ADDRESS	12341 WARREN ROAD	1.3 STREET ADDRESS	Taipei, Taiwan ROC
CITY-ST-ZIP	CLERMONT FL	1.4 CITY-ST-ZIP	
TITLE	Dir.	2.1 TITLE	Tom Hung Dir.
NAME	LIN, WEN-R	2.2 NAME	107 Chung-shan Rd st.
STREET ADDRESS	12341 WARREN ROAD	2.3 STREET ADDRESS	Na-Hu Taiwan R.O.C.
CITY-ST-ZIP	CLERMONT FL 34711	2.4 CITY-ST-ZIP	
TITLE	Dir.	3.1 TITLE	
NAME	YUE, HELEN	3.2 NAME	
STREET ADDRESS	8502 N. ARMENIA AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33604	3.4 CITY-ST-ZIP	
TITLE	President	4.1 TITLE	
NAME	WONG, MOREY	4.2 NAME	
STREET ADDRESS	8502 ARMENIA AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	Dir.	5.1 TITLE	
NAME	CHIANG, RUBY	5.2 NAME	
STREET ADDRESS	12258 BOHANNON BVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32824	5.4 CITY-ST-ZIP	
TITLE	Dir.	6.1 TITLE	
NAME	Wen-he Lu	6.2 NAME	
STREET ADDRESS	8023 Golden Glenn Ct	6.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando FL 32819	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE \_\_\_\_\_

CR2E037 (9/96)