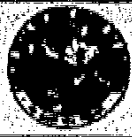


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 19 AM 1:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93000040486 (1)**

1. Corporation Name  
**NINE FLYING DRAGONS, INC.**

Principal Place of Business      Mailing Address  
**2340 STONEBRIDGE DR      2340 STONEBRIDGE DR  
ORANGE PARK FL 32065      ORANGE PARK FL 32065**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business      2a. Mailing Address

21      26

Suite, Apt. #, etc.      Suite, Apt. #, etc.

22      27

City & State      City & State

23      28

Zip      Country      Zip      Country

24      25      29      30

3. Date Incorporated or Qualified      3a. Date of Last Report  
**06/01/1993      04/21/1994**

4. FEI Number      Applied For  
**50-3181074      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. 100.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent

**LEE, BEY-LI  
2340 STONEBRIDGE DR  
ORANGE PARK FL 32065**

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 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      Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when re-registering)      DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>VD</b>
NAME	<b>LEE, YUFU</b>
STREET ADDRESS	<b>2340 STONEBRIDGE DR</b>
CITY - ST - ZIP	<b>ORANGE PARK FL 32065</b>
TITLE	<b>PD</b>
NAME	<b>LEE, SHIA</b>
STREET ADDRESS	<b>2340 STONEBRIDGE DR</b>
CITY - ST - ZIP	<b>ORANGE PARK FL 32065</b>
TITLE	<b>SOT</b>
NAME	<b>LEE, BEY-LI</b>
STREET ADDRESS	<b>2340 STONEBRIDGE DR</b>
CITY - ST - ZIP	<b>ORANGE PARK FL 32065</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>SOT</b>
3.3 STREET ADDRESS	<b>Bialek, Bey-Li Lee</b>
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: Bey-Li Lee Bialek      SOT      4/17/95 (904) 264-4840

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR      Date      (Typed Name)

**Bey-Li Lee      Bialek**