


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90076 047 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P94000090077(6)**

1. Corporation Name
Hunt Technologies, Inc.
3131 NW 13th St. Ste. 51
Gainesville, FL 32609
Tel: (352) 376-5774

Principal Place of Business Mailing Address

Hunt Technologies, Inc.
3131 NW 13th St. Ste. 51
Gainesville, FL 32609
Tel: (352) 376-5774

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3131 NW 13th St. Ste. 51
Gainesville, FL 32609
Tel: (352) 376-5774

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/12/1994

4. FEI Number **59-3279955** 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 owes the current year Intangible Personal Property Tax. Yes No

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		5. Certificate of Status Desired	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		City & State		Zip Country	
City & State		City & State		Zip Country		Zip Country		Zip Country	

9. Name and Address of Current Registered Agent

Haiquan Dai
3131 NW 13th Street, Suite #51
Gainesville, FL 32609

10. Name and Address of New Registered Agent

81 Name **Changjiang Mei**

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

83 **3131 NW 13th Street, Suite #51**

84 City **Gainesville** FL 85 Zip Code **32609**

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]* **President** DATE **Mar. 30, 1999**

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

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Changjiang Mei	
STREET ADDRESS	3131 NW 13th St. Suite 51	
CITY-ST-ZIP	Gainesville, FL 32609	
TITLE	V. President	<input type="checkbox"/> DELETE
NAME	Haiquan Dai	
STREET ADDRESS	3131 NW 13th Street, Suite 51	
CITY-ST-ZIP	Gainesville, FL 32609	
TITLE	TSD	<input type="checkbox"/> DELETE
NAME	Jong-Ying LEE	
STREET ADDRESS	3131 NW 13th St. Suite 51	
CITY-ST-ZIP	Gainesville, FL 32609	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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 type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
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 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 607, 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]* DATE **Mar. 30, 99** DAYTIME PHONE # **352.376.5774**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)