

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000008205 (3)

1. Corporation Name  
**AZURE SYSTEMS, INC.**



Principal Place of Business: 9035 CLASSIC CT ORLANDO FL 32819  
Mailing Address: 9035 CLASSIC CT ORLANDO FL 32819

3. Date Incorporated or Qualified: 01/26/1995  
3a. Date of Last Report

2. Principal Place of Business: 21 9035 CLASSIC COURT  
2a. Mailing Address: 26 9035 CLASSIC COURT

4. FET Number: 59-3316934  
Applied For: Not Applicable

Suite, Apt. #, etc.: 22  
City & State: 23 ORLANDO FL

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

Zip: 24 32819 Country: 25  
City & State: 28 ORLANDO FL  
Zip: 29 32819 Country: 30

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

9. Name and Address of Current Registered Agent  
HSU, AI-LIEN  
9035 CLASSIC CT  
ORLANDO FL 32819

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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HSU, AI-LIEN	
STREET ADDRESS	9035 CLASSIC CT	
CITY - ST - ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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	PIO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HSU, TING-TH	
1.3 STREET ADDRESS	9035 classic court	
1.4 CITY - ST - ZIP	Orlando, FL 32819	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	VIO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Chern, Ruey Loung	
2.3 STREET ADDRESS	9035 classic court	
2.4 CITY - ST - ZIP	Orlando, FL 32819	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96  
407-876-7364

CR2E034 (12/95)