

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000029406 (2)

1. Corporation Name
EVERGREEN FOREST CORPORATION



Principal Place of Business: ~~2042 BELLWOOD AVENUE JACKSONVILLE FL 32204~~
Mailing Address: ~~2042 BELLWOOD AVENUE JACKSONVILLE FL 32204~~

3. Date Incorporated or Qualified: **04/10/1995**
3a. Date of Last Report

2. Principal Place of Business
21. **140 W. MONROE ST**
22. Suite, Apt #, etc.
23. **JACKSONVILLE FL**
24. **32202-3706**
25. **DUVAL**
26. **140 W. MONROE ST**
27. Suite, Apt #, etc.
28. **JACKSONVILLE FL**
29. **32202-3706**
30. **DUVAL**

4. FEI Number: **59-3310489**
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

9. Name and Address of Current Registered Agent
CHEN, CINDY
~~2042 BELLWOOD AVENUE JACKSONVILLE FL 32204~~

10. Name and Address of New Registered Agent
81. Name: **CINDY CHEN**
82. Street Address (PO Box Number is Not Acceptable): **140 W. MONROE ST.**
83.
84. City: **JACKSONVILLE** FL 85. Zip Code: **32202**

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: *Cindy Chen*
Signature type or period name of registered agent and title if applicable (NOTE: Registered Agent signature required when resubmitting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CINDY CHEN	1.2 NAME	
STREET ADDRESS	140 W. MONROE ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	JAX FL 32202	1.4 CITY-ST-ZIP	
TITLE	V.P.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL WEI CHEN	2.2 NAME	
STREET ADDRESS	140 W. MONROE ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	JAX FL 32202	2.4 CITY-ST-ZIP	
TITLE	OFFICER	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wu-Du Cheng	3.2 NAME	
STREET ADDRESS	140 W. MONROE ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	JAX FL 32202	3.4 CITY-ST-ZIP	
TITLE	OFFICER	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIANG LING HAN	4.2 NAME	
STREET ADDRESS	140 W. MONROE ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JAX FL 32202	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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: *Cindy Chen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)