

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

FILED
Mar 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000029406 (2)
 1. Corporation Name
EVERGREEN FOREST CORPORATION



Principal Place of Business 140 W. MONROE ST. JACKSONVILLE FL 32202-3706	Mailing Address 140 W. MONROE ST. JACKSONVILLE FL 32202-3706
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/10/1995	
21. Suite, Apt #, etc.	22. City & State	26. Suite, Apt #, etc.	27. City & State	4. FEI Number 59-3310489	Applied For <input type="checkbox"/> Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

CHEN, CINDY
2042 DELLWOOD AVENUE
JACKSONVILLE FL 32202

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
				FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHEN, CINDY	1.2 NAME	
STREET ADDRESS	140 W. MONROE ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202-3706	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHEN, MICHAEL W	2.2 NAME	
STREET ADDRESS	140 W. MONROE ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202-3706	2.4 CITY-ST-ZIP	
TITLE	O	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHENG, WU-QU	3.2 NAME	
STREET ADDRESS	140 W. MONROE ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202-3706	3.4 CITY-ST-ZIP	
TITLE	O	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAN, CHIANG L	4.2 NAME	
STREET ADDRESS	140 W. MONROE ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202-3706	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	

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.

SIGNATURE: *Michael W. Chen* 3/11/98 (904) 3589666

CR2E034 (10/97)