

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

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90068 004 \*\*\*150.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # P95000029406**

1. Corporation Name  
**EVERGREEN FOREST CORPORATION**



Principal Place of Business      Mailing Address  
 140 W. MONROE ST.      140 W. MONROE ST.  
 JACKSONVILLE FL 32202-3706      JACKSONVILLE FL 32202-3706

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  
**04/10/1995**  
 4. FEI Number      Applied For  
**59-3310489**      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

9. Name and Address of Current Registered Agent  
**CHEN, CINDY**  
**2042 DELLWOOD AVENUE**  
**JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City      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 reinstating)      DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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, with all other like empowered.

**SIGNATURE:** *(Signature)*      5/13/99      (904) 358-9666  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (1/98)