

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**DOCUMENT # P95000059296 (0)**

1. Corporation Name  
**PENYUN ENTERPRISES, INC.**



Principal Place of Business

**88 WOODSIDE DRIVE  
LAKELAND FL 33813**

Mailing Address

**88 WOODSIDE DRIVE  
LAKELAND FL 33813**

2. Principal Place of Business

21 **88 WOODSIDE DRIVE**  
Suite, Apt. #, etc.

2a. Mailing Address

26 **88 WOODSIDE DRIVE**  
Suite, Apt. #, etc.

City & State

23 **LAKELAND, FLORIDA**

City & State

28 **LAKELAND, FLORIDA**

24 **33813**  
Zip

25 **U.S.A.**  
Country

29 **33813**  
Zip

30 **U.S.A.**  
Country

3. Date Incorporated or Qualified  
**07/31/1995**

3a. Date of Last Report  
**3-15-96**

4. FEI Number  
**59-3329995**  
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

**HONG, YUN  
88 WOODSIDE DRIVE  
LAKELAND FL 33813**

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature to file when not filing)

DATE

12. OFFICERS AND DIRECTORS

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | <b>D</b>                 | <input type="checkbox"/> DELETE |
| NAME           | <b>HONG, YUN</b>         |                                 |
| STREET ADDRESS | <b>88 WOODSIDE DRIVE</b> |                                 |
| CITY-ST-ZIP    | <b>LAKELAND FL 33813</b> |                                 |
| TITLE          | <b>D</b>                 | <input type="checkbox"/> DELETE |
| NAME           | <b>HONG, PENELOPE S</b>  |                                 |
| STREET ADDRESS | <b>88 WOODSIDE DRIVE</b> |                                 |
| CITY-ST-ZIP    | <b>LAKELAND FL 33813</b> |                                 |
| 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          | <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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten Signature]*

**3/21/96 (941)644-5678**

CR2E034 (12/95)