

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

FILED
Feb 11, 1999 8:00am
Secretary of State

02-11-1999 90003 042 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P97000072542

1. Corporation Name
FU HOA, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 3554 FRUITVILLE ROAD, SARASOTA FL 33580
 Mailing Address: 3554 FRUITVILLE ROAD, SARASOTA FL 33580

3. Date Incorporated or Qualified: **08/20/1997**

4. FEI Number: **65-0775844** 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 owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 21 [] Suite, Apt. #, etc. 22 [] City & State 23 [] Zip Country 24 [] 25 []

2a. Mailing Address: 26 [] Suite, Apt. #, etc. 27 [] City & State 28 [] Zip Country 29 [] 30 []

9. Name and Address of Current Registered Agent
MUI, WANDA
3639 CORTEZ ROAD WEST
SUITE 120
BRADENTON FL 34210

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LAN, DA XING	
STREET ADDRESS	3554 FRUITVILLE ROAD	
CITY-ST-ZIP	SARASOTA FL 33580	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LU, HONG ZHONG	
STREET ADDRESS	3554 FRUITVILLE ROAD	
CITY-ST-ZIP	SARASOTA FL 33580	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LU, MIN ZHONG	
STREET ADDRESS	3554 FRUITVILLE ROAD	
CITY-ST-ZIP	SARASOTA FL 33580	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LU, HONG HUA	
STREET ADDRESS	3554 FRUITVILLE ROAD	
CITY-ST-ZIP	SARASOTA FL 33580	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LU, TONG Z.	
STREET ADDRESS	3554 FRUITVILLE ROAD	
CITY-ST-ZIP	SARASOTA FL 33580	
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 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]* **SIGNATURE REQUIRED** 1/20/99 (941)954-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)