FILE NOW: FILING FEE AFTER MAY 1ST IS ~~$550~~.00

PROFIT CORPORATION ANNUAL REPORT
1999

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

FILED
99 AUG 17 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000063268**

1. Corporation Name
CHI INSTITUTE OF CHINESE MEDICINE, INC.

Principal Place of Business	Mailing Address
9791 NW 160TH ST REDDICK FL 32686	9791 NW 160TH ST REDDICK FL 32686

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/10/1998

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

2a. Mailing Address
26 2677 N.W.10TH ST. #1-A
Suite, Apt. #, etc.
27 OCALA, FL. 34475
City & State
28
Zip 29 Country 30 USA

4. FEI Number: 59-3525634 ☐ 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

9. Name and Address of Current Registered Agent

XIE, HUISHENG
9791 NW 160TH ST
REDDICK FL 32686

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	XIE, HUISHENG		12 NAME	
STREET ADDRESS	9791 NW 160TH ST		13 STREET ADDRESS	700002967627--0
CITY-ST-ZIP	REDDICK FL 32686		14 CITY-ST-ZIP	-08/24/99--01010--001
				****150.00 ****150.00
TITLE	STD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	ZHAO, YANRU		22 NAME	
STREET ADDRESS	9791 NW 160TH ST		23 STREET ADDRESS	
CITY-ST-ZIP	REDDICK FL 32686		24 CITY-ST-ZIP	
TITLE	VP & D	☐ DELETE	31 TITLE	☐ Change ☑ Addition
NAME	LESIA STAHL		32 NAME	
STREET ADDRESS	9791 N.W. 160TH ST.		33 STREET ADDRESS	
CITY-ST-ZIP	REDDICK, FL. 32686		34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 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: _____ 7-23-99 352 591-3165
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)

R H S

Robert H. Schoepf, P.A.
Certified Public Accountant

2677 N. W. 10th Street, Suite 1A
Ocala, Florida 34475

August 3, 1999

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Florida Department of State
Division of Corporations
Annual Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

RE: CHI Institute of Chinese Medicine, Inc.
P98000063268

Dear Katherine Harris,

Please find enclosed the 1999 Annual Report for the above referenced company along with a check for the amount of $150.00.

This company incorporated in 1998 and was unaware of the requirement to file an annual report since they had not done this in their first year of incorporation. In addition to being unaware of this requirement, the form addressed to their business address was mis-filed by an inexperienced office worker and only discovered by error while researching some other documentation.

As you can see from the enclosed annual report, we have changed the mailing address to this C.P.A. office, so that when we receive this report in future years, the taxpayer will be notified immediately.

We ask that you waive the current penalty due to reasonable cause - the fact that this was an initial filing, a staff error, and the change of address will preclude this reoccurrence.

With respect we appreciate your consideration.

Sincerely,

Robert H. Schoepf

Robert H. Schoepf

RHS/ce

Phone Number: (352) 402-9950 - Fax Number: (352) 402-0599