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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. McInham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000004814 (0)

1. Corporation Name

GAINESVILLE CHINESE SCHOOL, INC.



Principal Place of Business

Mailing Address

7909 S.W. 43RD PL.
GAINESVILLE FL 32608
US

7909 S.W. 43RD PL.
GAINESVILLE FL 32608-4219
US

11208 NW 14TH AVE
GAINESVILLE, FL 32606

2. Principal Place of Business

21 11208 NW 14TH AVE

2a. Mailing Address

26 11208 NW 14TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 GAINESVILLE FL

City & State

28 GAINESVILLE FL

Zip

24 32606

Country

25 U.S.A.

Zip

29 32606

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

HUANG, EILEEN S
9817 SW FIRST PLACE
119 NW 101 COURT
GAINESVILLE FL 32607

10. Name and Address of New Registered Agent

81 Name JENNY C. FRANKLIN

82 Street Address (P.O. Box Number is Not Acceptable)
11208 NW 14TH AVE

83

84 City GAINESVILLE

FL

85 Zip Code 32606

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Jenny Franklin

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

(NOTE: Registered Agent signature required when reinstating)

Mar 16, 97

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HUANG, EILEEN S	
STREET ADDRESS	119 NW 101 COURT	
CITY-ST-ZIP	GAINESVILLE FL 32607	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEE, WE-CHING	
STREET ADDRESS	7909 S.W. 43RD PL.	
CITY-ST-ZIP	GAINESVILLE FL 32608	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KO, CHIN-LI	
STREET ADDRESS	4231 SW 82ND TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32608	

TITLE	D	<input type="checkbox"/> DELETE
NAME	NG, CHI-KWONG	
STREET ADDRESS	5953 W. DOWNEY LOOP	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	

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	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JENNY C. FRANKLIN	
1.3 STREET ADDRESS	11208 NW 14TH AVE	
1.4 CITY-ST-ZIP	GAINESVILLE FL 32606	

2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Cynthia Shen	
2.3 STREET ADDRESS	9933 SW 22ND PL.	
2.4 CITY-ST-ZIP	GAINESVILLE, FL 32607	

3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Taiying chow	
3.3 STREET ADDRESS	115 NW 99 Terrace	
3.4 CITY-ST-ZIP	Gainesville, FL 32607	

4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	NG, CHI KWONG	
4.3 STREET ADDRESS	5953 W. DOWNEY LOOP	
4.4 CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jenny Franklin* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 16, 97 (352) 331-6672

Date Daytime Phone #0011231

CR2E037 (9/96)