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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MENT # J0441 ENTERPRISES, INC.	1 (1)			
Principal Plac	ce of Business	Mailing Address			/{B
· ·	L HAMMOCK ROAD	1490 SOUTH OAKS DRIV	F		
STE. 201		MERRITT ISLAND FL 329			
OVIEDO FL	32765			DO NOT WRITE IN THI	S SPACE
US				3. Date Incorporated or Qualified	
9 Principal !	Place of Business	2a. Mailing Address		03/17/1986 4. FEI Number	Applied For
21	ado or position	26		59-2825380	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		_	\$8.75 Additional
22		27		5, Certificate of Status Desired	Fee Required
City & Sta	te	Cily & State		6, Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Z _I p	Country	8. This corporation owes or has paid the o	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registers	d Agent
Y	an g , tyng-lin		81 Name		
1490 SOUTH OAKS DRIVE			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
M	ERRITT ISLAND FL 32952		83		
			84 City		85 Zip Code
				F	<u>L </u>
office or	to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the obli	e of Florida. Such ch ance w as a	uthorized by the corpora	poration submits this statement for the purpose ation's board of directors. I hereby accept the a	of changing its registered ppointment as registered
SIGNATURE	Signature, typed or printed name of repetered se	jent and title if apply able (NO1E	Registered Agent signature requ	red when reinstating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	P	DELETE	1.1 TITLE		Change Addition
NAME	YANG, LI-WOAN		1.2 NAME		
STREET ADDRESS	1490 SOUTH OAKS DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	MERRITT ISLAND FL 32952	☐ D E LETE	1.4 C(TY-ST-ZIP 2.1 TITLE		Change Addition
NAME	YANG, TYNG-LIN	C) beccie	2.2 NAME		C Change C Adollion
STREET ADDRESS	1490 SOUTH OAKS DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL 32952		2. 4 CITY-ST-ZIP		
TITLE		DELETE	31 1BLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		,
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - S1 - ZIP		<u>/</u>
TITLE	J	DEL ETE	5.1 TITLE		Change Addition
NAME			5.2 NAME	4/1	7 1/2
STREET ADDRESS			5.3 STREET ADDRESS	//C	1400
CITY-ST-ZIP		[] n.s. per	5.4 CiTY - ST - ZIP		
TITLE		☐ DELETE	61 TITLE	00 000000000	Change Addition
NAME			62 NAME	9000025323 -05/22/98010040	113 111
STREET ADDRESS			63 STREET ADDRESS	***150.00	J11
CITY-ST-ZIP	l		6.4 CHY-ST-ZIP	***************************************	

14. Thereby 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 corporates or the teceiver of prefere empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, on an attachment with an address.

511198

FILED

May 20 1998 8:00am

Secretary of State