

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

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55 MAY - 1 7 11 5:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **459760**

(5)

1. Corporation Name:

YANGTZE CORPORATION

Principal Place of Business:

**3530 SOUTH ORANGE AVENUE
ORLANDO FL 32806**

Mailing Address:

**3530 SOUTH ORANGE AVENUE
ORLANDO FL 32806**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/19/1974

3a. Date of Last Report
06/09/1994

4. FEI Number
59-1547951

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 (3),
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business:

21. State Apt. #, etc.

22. City & State

24. Zip

25. Country

2a. Mailing Address:

26. State Apt. #, etc.

27. City & State

29. Zip

30. Country

9. Name and Address of Current Registered Agent

**KWONG, NANCY
2310 PEEL AVENUE
ORLANDO FL 32806**

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 607.0505 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 607.0526, Florida Statutes.

SIGNATURE

(Signature of Current Registered Agent or Officer)

(Signature of New Registered Agent or Officer)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**P
KWONG, CHIU SHU
2310 PEEL AVE
ORLANDO, FL 00000
VP
KWONG, NANCY
2310 PEEL AVE
ORLANDO FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 1.19 (1)(b)(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 of changed or on an attachment with an address.

SIGNATURE:

Nancy Kwong

NANCY KWONG, V.P.

4/30/95

407-851-3160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR