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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State * * DIVISION OF CORPORATIONS

POCUMENT # 648158

(4)

CHIU-MEI LAI, D.C., P.A.

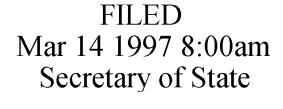
Principal Place of Business

629 N. FERNCREEK AVE.

ORLANDO FL 32803

Mailing Address

629 N. FERNCREEK AVE. ORLANDO FL 32803-4854





							3. Date Incorporated or Qualified	3a. Date of Last F	leport	
							12/13/1979	01/22/1996		
2. Principal Place of Business			2a. Mailing Add	2a. Mailing Address			4. FEI Number		oplied For	
21			26				59-1969389		ot Applicable	
Suite, Ap	ot. #, etc.		Suite, Apt. 4	ŧ, elc.		'	5. Certificate of Status Desired		Additional	
22			27]						equired	
City & St	late		City & State				6. Election Campaign Financing		May Be	
23			28]				Trust Fund Contribution	LJ Added		
—⊣ Zip		Country	Z)p	ļ	Country	This comporation has hability for intalligible tax and of 3. 105.002,			. 199.032,	
24	O Name	and Address of Curr	29 ent Registered Agent	30	ر		Florida Statutes 10. Name and Address of New Re			
		and Address of Coll	en negistered Agent		B1	Name	To: Teams plu Address of Now Ito	gisterou Agent		
LAI, CHIU-MEI						Tomo				
813 N. MILLS AVE.					82 Street Addr		dress (P.O. Box Number is Not Acceptable)			
ORLANDO FL 32803						83				
					83					
						84 City 85 Zip Code				
						·				
office o	r rogistored an	ion Lochatti, in the Sta	to of Florida, Such cha	maa waa auth	inrized by	the cornoral	poration submits this statement for the p tion's board of directors. Thereby accep	iurpose of changing it	s registered registered	
agent.	l am familiar wi	th, and accopt the obli	igations of, Section 607	7.0505, Florid	la Statutes	ты обърста 3.	non-a bodice of directors, i hereby debet	a die appointment as	, ugidioi tiu	
SIGNATURE										
	Signature, typed	or printed name of registered a		(NOTE FI		nt signature requi	red when reinstating)	DATE		
12.		OFFICERS A	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	PD		[] [DELETE	1.1 TITLE			Change	Addition	
NAME	LAI, CHIL				1.2 NAME					
STREET ADDRESS		erncreek ave			13 STRCET	ADDRESS				
CITY-ST-ZIP	ORLAND	O FL			1.4 CITY - SI	1-71P				
TITLE			[_]	OFLETE	211014			Change	Addition	
	1				2.2 NAME					
NAME	1									
NAME STREET ADDRESS	s			ì	2.3 STREET	ADDRESS				
	s				2.3 STREET 2.4 CHY: 5					
STREET ADDRESS	s			DETETE	L			Change	Addition	
STREET ADDRESS	S			DETETE	2.4 CITY - 5			Change	Addition	
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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 changer or on an attachment with an address.

3-10-89

407)898-6622