## 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** 

## DOCUMENT # F05324 1. Corporation Name

## **FILED** Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90135 021 \*\*\*150.00

CALIWA	N, INC.											
Principal Place	e of Business	Mai	iting Address					ļ		Bil Diği Diğil Di		FINITURE
								ļ				
11731 E COLONIAL DR 11731 E COLONIAL DR ORLANDO FL 32817 ORLANDO FL 32817												
									DO NOT WR	TE IN THIS	SPACE	
								3.	Date Incorporated or Qualifed			ļ
								<u> </u>	11/13/1980			
Principal Place of Business 2a. Mailing Address									. FEI Number			pplied For
21		26						L	<u>59-2043430</u>			lot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					_5.	Certifcate_of_Status_Desired			Additional tequired
22		27	200					<u> </u>				
City & State City & State									Election Campaign Financing			May Be to Fees
23	0	28	7in	Cou	ntn (			+-	Trust Fund Contribution			to rees
Zip	Country		Zip	L	iili y			8.	This corporation owes the cur Personal Property Tax.	rent year inta	ingible ∐Yes	□No
24	25 Curre	29	arod Agont	30	_			10	Name and Address of New	Registered /	_	
	9. Name and Address of Curre	nt Regist	ered Ageni		81	Name		10.	, Harrie and Francisco or House			_
CHEN, HSI-CHING 11731 E. COLONIAL DR.					82	Street	Addres	ss (F	P.O. Box Number is Not Accept	able)		
						ļ			<u> </u>			
OHL	ANDO FL 32817				83							
					84	City			······································	FL	85 Zip	Code
dd Durauand	to the provisions of Sections 607.05	02 and 60	7 1508 Florida Stat	utes the a	L	-namer	Cornor	ratio	on submits this statement for the	numose of	 changing it	s registered
office or a	to the provisions of Sections 607.05 registered agent, or both, in the State amiliar with, and accept the oblig	e of Florida	a. Such change was	authorized	Ιbν	the corp	oration	's bo	oard of directors. I hereby acce	pt the appoir	ntment as r	egistered
SIGNATURE	Signature, typed or printed name of registered ag	altit bac toe	apolicable (NO	TE: Registered	Ager	it signature	required v	when	reinstating)	DATE		
12.	OFFICERS A			13.					ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECT	ORS IN 12
TITLE	PD DELETE			1.1 TI	ΓLE						Change	☐ Addition
NAME	CHEN, HSI-CHING			1.2 N	ME							
STREET ADDRESS	ACAT DAVEDONE DADIGATAV			1.3 \$7	REE	ADDRESS	: [					ĺ
CITY-ST-ZIP	ORLANDO, FL 3			1.4 CI	TY-S	T-ZIP						
TITLE	VPSD		☐ DELETE	2.1 TI	ΠE					•	Change	Addition
NAME	CHEN, CHAO-HUI			2.2 N/	ME		İ					
STREET ADDRESS	2537 BAYFRONT PARKWAY			2.3 ST	REE	ADDRESS	;					
CITY-ST-ZIP	ORLANDO FL	~~		2. <sup>-</sup> 4 C	TY-S	T-ZIP	-}					
TITLE			☐ DELETE	3.1 TI							Change	Addition
NAME				3.2 N/	ME							
STREET ADDRESS				3.3 \$1	REE	ADDRESS	;					
CITY-ST-ZIP				3.4. C	ΠY-9	T-ZIP						
TITLE			☐ DELETE	4.1 TC	TLE						Change	Addition
NAME				4. 2 N	AME							
STREET ADDRESS				4.3 S	REE	CADORESS	s					
CITY-ST-ZIP				4.4 CI	TY-S	T-ZIP			<u></u>		<del>-=-</del> -	
TITLE			☐ DELETE	5.1 TI	TLE						☐ Change	Addition
NAME				52 N								]
STREET ADDRESS				5.3 8	REE	F ADDRESS	6					ĺ
CITY-ST-ZIP				5.4 CI	TY-S	T-ZIP	1					
TITLE												
1			☐ DELETE	6.1 ∏	TLE						Change	Addition
NAME			☐ DELETE	6.1 TI 6.2 N							Change	e

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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP