FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **F36998** **(5)**

1. Corporation Name

FLORIDA DOMUS INCORPORATED

Principal Place of Business	Mailing Address
2603 SUNNYSIDE ST ~~5553 BOULDER BLVD~~ SARASOTA FL 34239 US	PO BOX 4274 ~~5553 BOULDER BLVD~~ SARASOTA FL 34230 US

2. Principal Place of Business	2a. Mailing Address
21 2603 SUNNYSIDE ST	26 P.O. BOX 4274
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 SARASOTA FL	City & State 28 SARASOTA FL
Zip 24 34239 Country 25 USA	Zip 29 34230 Country 30 USA

3. Date Incorporated or Qualified: 06/02/1981
3a. Date of Last Report: 05/01/1995
4. FEI Number: 99-2147268 ☐ 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. 199.032, Florida Statutes ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

JAMES R JACKSON
2603 SUNNYSIDE ST
SARASOTA, FL
SARASOTA FL 34239

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 607.0502 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when not stating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GUNN, CHIT WHA		1.2 NAME	
STREET ADDRESS	4TH FL N 1 JALAN GEREJA		1.3 STREET ADDRESS	
CITY-ST-ZIP	KUALA, LUMPUR, MALA00000		1.4 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LAU, FOO SUN		2.2 NAME	
STREET ADDRESS	4TH FL N 1 JALAN GEREJA		2.3 STREET ADDRESS	
CITY-ST-ZIP	KUALA, LUMPUR, MALA00000		2.4 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LAU, RUBY PUI KOON		3.2 NAME	
STREET ADDRESS	4TH FL N 1 JALAN GEREJA		3.3 STREET ADDRESS	
CITY-ST-ZIP	KUALA, LUMPUR, MALA00000		3.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	JAMES JACKSON		4.2 NAME	
STREET ADDRESS	2603 SUNNYSIDE ST		4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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 119.07(3)(k), 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.

SIGNATURE: James R Jackson 05-28-96 (941)365-4480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JAMES R JACKSON

CR2E034 (12/95)