


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

FILED
Jan 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 2603 SUNNYSIDE ST 3333 BOULDER BLVD SARASOTA FL 34239 US	Mailing Address P. O. BOX 4274 5553 BOULDER BLVD SARASOTA FL 34230 US
--	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2603 SUNNYSIDE ST Suite, Apt. #, etc. 22		2a. Mailing Address 25 PO BOX 4274 Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 06/02/1981	
23 SARASOTA FL City & State 24 34239 25 USA Zip Country		28 SARASOTA FL 34230 City & State 29 34230 30 USA Zip Country		4. FEI Number 99-2147268 Applied For Not Applicable	
9. Name and Address of Current Registered Agent JAMES R JACKSON 2603 SUNNYSIDE ST SARASOTA, FL SARASOTA FL 34239				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	34239
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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.

SIGNATURE: **JAMES R. JACKSON**

01-08-98

(941)
926-9182

CR2E034 (10/97)