

**FILED**

02-09-1999 90024 015 \*\*\*150.00

[REDACTED]

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/02/1981</b>					
4. FEI Number <b>99-2147268</b>	<table border="1"> <tr> <td></td> <td>Applied For</td> </tr> <tr> <td></td> <td>Not Applicable</td> </tr> </table>		Applied For		Not Applicable
	Applied For				
	Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required				
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees				
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>JAMES R JACKSON</b> <b>2603 SUNNYSIDE ST</b> <b>SARASOTA, FL</b> <b>SARASOTA FL 34239</b>	81	Name	
	82	Street Address (P.O. Box Number is Not Acceptable)	
	83		
	84	City	85

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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES JACKSON	4.2 NAME	
STREET ADDRESS	2603 SUNNYSIDE ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34239	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (1:1/98)