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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortkam

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9700004557 (1)

CHINA SYSTEMS (NORTH AMERICA) CORPORATION

## FILED Jun 02 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 1690 BRIDGEWATER DRIVE 1690 BRIDGEWATER DRIVE HEATHROW WOODS FL 32746 HEATHROW WOODS FL 32746 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 08/28/1997 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 59-3463841 21 Suite, Apt. #, elc. Suite, Apt. #, etc. \$8.75 Additional Γ 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 23 Trust Fund Contribution Added to Fees 28 Zip Country Zio Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name A.G.C. CO. 200 SOUTH ORANGE AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 2300** 83 ORLANDO FL 32801 Zip Code 84 City 85 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, typod or pooled name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition TITLE DELETE 1 1 111LE Change TUCKER, IAN J NAME 1.2 NAME **1690 BRIDGEWATER DRIVE** 1.3 STREET ADDRESS STREET ADDRESS HEATHROW WOODS FL 32746 CITY-ST-ZIP 1.4 CITY-ST-7IP DELETE Change ☐ Addition 2.1 TITLE TITLE SINCLAIR, DONALD 2.2 NAME NAME MARDEN VIEW, BREWERS LANE, CALNE, WILTS 2.3 STREET ADDRESS STREET ADDRESS **ENGLAND SN 11 8EZ** 2 4 CITY - ST - ZIP CITY-ST-ZIP DELETE ■ Addition Change 31 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 JULE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-7IP CITY-ST-ZIP Change Addition TITLE DELETE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST- ZIP CITY-ST-ZIP

14. Thereby 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 suppliemental 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.

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4/20/98

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